

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000078228**
1. Corporation Name **Wonderful Concrete Pumping
Service inc**

W69-17130

2. Principal Office Address - No P.O. Box #
272 NW 30th AVE
Suite, Apt. #, etc.

3. Mailing Office Address
5548 NW 81st AVE
Suite, Apt. #, etc.
301

City & State
Fort Lauderdale FL
Zip
33311 Country
USA

City & State
Fort Lauderdale FL
Zip
33309 Country
USA

300149459573
04/10/09--01031--016 **450.00
REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida **5-31-2005**

5. FEI Number **36-4576214** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **LINVAL WILLIAMS SR**
Street Address (P.O. Box Number is Not Acceptable)
5548 NW 81 AVE
Suite, Apt. #, Etc. **301**
City **Fort Lauderdale FL** State **FL** Zip Code **33309**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **LINVAL WILLIAMS** Date **4-9-09**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LINVAL WILLIAMS	5548 NW 81 AVE	Fort Lauderdale FL 33309
V	Olecia WILLIAMS	5548 NW 81 AVE	Fort Lauderdale FL 33309
S	Calvin Mc GRIFF	2324 NW 14 ST	Fort Lauderdale FL 33309

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE **LINVAL WILLIAMS** Date **4-9-09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

4/7/09