

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100740

1. Entity Name
MJR CONCRETE SERVICE, INC



FILED

06 OCT 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

340 1ST STREET SW
NAPLES, FL 34117

Mailing Address

340 1ST STREET SW
NAPLES, FL 34117

2. Principal Place of Business

2010 Golden Gate Blvd W & Same.

3. Mailing Address

Suite, Apt. #, etc.

10132006

REIN-P

CR2E098 (11/05)

06

City & State

Naples FL

City & State

4. FEI Number

20-3181988

Applied For

Not Applicable

Zip

34120

Country

Collier

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE D
340 1ST STREET SW
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name

JOSE D. ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

2010 Golden Gate Blvd W

City

Naples

FL

Zip Code

34120

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/06

FILE NOW!!! FEE IS \$750.00 --
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALVAREZ, JOSE D
STREET ADDRESS 340 1ST STREET SW
CITY-ST-ZIP NAPLES, FL 34117

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ALVAREZ, JOSE D.
STREET ADDRESS 2010 Golden Gate Blvd W
CITY-ST-ZIP Naples, FL 34120

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/06