

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 2:28

DOCUMENT # P05000100826

1. Corporation Name

EL-WOOD CONCRETE, INC.

900122713359

04/09/08--01003--026 **300.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 9664 Woodrow Raulerson Rd Suite, Apt. #, etc.		3. Mailing Office Address 9664 Woodrow Raulerson Rd Suite, Apt. #, etc.	
City & State Glen St. Mary, FL		City & State Glen St. Mary, FL	
Zip 32040	Country BAKER	Zip 32040	Country BAKER

4. Date Incorporated or Qualified To Do Business in Florida 07/18/2005	
5. FEI Number 20-3170964	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name RAULERSON, WOODROW JR		
Street Address (P.O. Box Number is Not Acceptable) 9664 WOODROW RAULERSON RD		
Suite, Apt. #, Etc.		
City GLEN ST MARY	State FL	Zip Code 32040

☒ 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

Date

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/S/T	RAULERSON, WOODROW JR.	9664 WOODROW RAULERSON RD	GLEN ST MARY/FL/32040
D	RAULERSON, WOODROW JR.	9664 WOODROW RAULERSON RD	GLEN ST MARY/FL/32040

B 4/9/08
07-08

REINSTATEMENT

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 Woodrow Raulerson Jr. Woodrow Raulerson, Jr. 4/3/2008 (904) 955-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #