

2015 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P13000013692

1. Entity Name
TREMONT CONCRETE CONSTRUCTION, INC.



15 APR 15 PM 2:58

STATE OF FLORIDA
TALLAHASSEE

Principal Place of Business
1530 METROPOLITAN BLVD
SUITE 202
TALLAHASSEE, FL 32308

Mailing Address
1530 METROPOLITAN BLVD
SUITE 202
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



04152015 REIN-P CR2E098 (12/11)

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORD, CALVIN
1718 SAN DAMIEN RD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Calvin Ford* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2016, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORD, CALVIN 1718 SAN DAMIEN RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HILL, EDDIE 8768 JIMMERCE COURT TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS