

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000027351

1. Entity Name  
HAMANN CONCRETE CUTTING CORPORATION



Principal Place of Business  
15093 SW 13 COURT  
SUNRISE, FL 33326

Mailing Address  
15093 SW 13 COURT  
SUNRISE, FL 33326

2. Principal Place of Business

1128 Royal Palm Blvd  
Suite, Apt. #, etc. #242

City & State  
Royal Palm Beach, FL

Zip  
33411

Country

3. Mailing Address

1128 Royal Palm Blvd  
Suite, Apt. #, etc. #242

City & State  
Royal Palm Bch, FL

Zip  
33411

Country

11102004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-0399872

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMANN, K JR  
15093 SW COURT  
SUNRISE, FL 33326

7. Name and Address of New Registered Agent

Name  
Hamann, K Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1128 Royal Palm Blvd  
#242  
City  
Royal Palm Beach FL Zip Code  
33411

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

(NOTE: Registered Agent signature required when reinstating)

11-10-04  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMANN, K, JR 15093 SW 13 COURT SUNRISE, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Hamann, K Jr 1128 Royal Palm Blvd #242 Royal Palm Bch, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042692728 11/12/04-01045-013 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-05  
Date

Daytime Phone #

FILED

04 NOV 12 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

