## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT Secretary of Sta	OFSIAIE	D3 DEC 12 AM 9:29 SECHETASY OF STATE ALLAHASSFE, FLORIDA
DOCUMENT # P930000	040444		TO THUM
1. Corporation Name Ron's CONCRET	c Tuc		
KONS CONCRE		J	mneganetes
<u> </u>		12/18.	)0025606185 /0301057003 **591.25
*		1	
2. Principal Office Address	3. Mailing Office Address	REINS	TATEMENT
11215 CROOKED RIVER CT	SAME		<del>-</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<del>- , -, -, -, -, -, -, -, -, -, -, -, -, </del>
			orated or Qualified ness in Florida 66/01/93
City & State  CLERMORT , FL			r Applied For
	7:-		3163947 Not Applicable
Zip Country USA	Zip Country	5.	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name D			
KONALD SHAUER			
Street Address (P.O. Box Number is Not Acceptable)  11715 CROOKED RIVER CT.			
Suite, Apt. #, Etc.			
City			State Zip Code
CLERMONT FL 34711			
8. I, being appointed the registered agent of the above	e named corporation, am familiar wi	th and accept the obligations of section	on 607.0505 or 617.0503, F.S.  Date
Signature of		1	Date 12/11/03
Registered AgentRE	GISTERED AGENT MUST SIGN		Date 103
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpora	ations must list at least 3 directors)	;
Titles Name of Officers and/or Directors		eet Address of Each cer and/or Director	City / State / Zip
P ROWALD SHAVER	11215 C	rooked eluge ct	CLERMONT, FL 34711
		<u> </u>	
		····	
10. I certify that I am an officer or director or the receiv	ver or trustee empowered to execute	this application as provided for in cha	oter 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 under section 119.07(3)(i), F.S. The information indicated			
on this application is true and accurate, and my sig			A Comment of the Comm
SIGNATURE: ROWALD SHAVER JOHN NOW 12/11/03 407-810-0499			
SIGNATURE AND TYPED OR PRI	ITED NAME OF SIGNING OFFICER OR I	DIRECTOR	Date Daytime Phone #



## Ron's Concrete, Inc

11215 Crooked River Ct Clermont, FL 34711

**December 11, 2003** 

Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

I am sending a new check for \$591.25 to pay for the difference to reinstate my company, my document number is P93000040444 and the Federal Identification Number is 59-3183947, I sent a check for \$ 106.25 in June 18 and a letter attached to wave the reinstatement fee, the check number was 3541, I do not have back the original check and on my records from the bank the check is outstanding, I am investigating the reason why you did not received, them I sent one more Ck in the beginner of this month for the same amount of money and you sent it back to me.

I am asking one more time to wave the reinstatement fee because the address from your records was wrong and I did not receive the forms from the last years, I did not know I have to pay the corporate fee every year until my bookkeepers advise me, please help me to resolve this situation and active my corporation as soon as you can. If you have any questions my phone number is 407-810-0499 or call my bookkeepers at 407-896-2481.

Thank you for your time and consideration.

Sincerely,

Ronald Shaver President