

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P93000044672**

1. Corporation Name

**CONCRETE PRESERVATION, INC.**

Principal Place of Business

16520 S TAMiami TR  
215  
FT MYERS FL 33908  
US

Mailing Address

16520 S TAMiami TR  
215  
FT MYERS FL 33908  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**1327 GARDEN ROAD**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**1327 GARDEN ROAD**  
Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**  
Zip  
**33326-2717** Country  
**Broward**

City & State  
**Fort Lauderdale, FL**  
Zip  
**33326-2717** Country  
**Broward**



**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida

**06/23/1993**

5. FEI Number

**65-0419929**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers.)	4 City / State / Zip
PV	FREDERICK, LEON F	9051 ALENA CT. NORTHWEST 1327 GARDEN ROAD	N. FT. MYERS FL 33908 FORT LAUDERDALE, FL 33326
T	FREDERICK, LINDA A	9051 ALENA CT. NORTHWEST 1327 GARDEN ROAD	N. FT. MYERS FL 33908 FORT LAUDERDALE, FL 33326

\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

**FREDERICK, LEON F**  
**9051 ALENA CT NW**  
**N FT MYERS FL 33903**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date: **MAY 1 99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 1 99**

**305-979-7615**