

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

MOB
11-8-96

FILED
NOV - 7 AM
TALLAHASSEE, FL
SECRETARY OF STATE

DOCUMENT # P93000062926

1. Corporation Name

TYLER CONCRETE CONSTRUCTION, INC.

Principal Place of Business

3219 YULE TREE DRIVE
EDGEWATER FL 32141

Mailing Address

3219 YULE TREE DRIVE
EDGEWATER FL 32141

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

2. New Principal Office Address, If Applicable

3032 Lime Tree

3. New Mailing Office Address, If Applicable

3032 Lime Tree

Suite, Apt. #, etc.

Edgewater, FL 32141

Suite, Apt. #, etc.

City & State

Edgewater FL

Zip

Country

Zip

32141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1993

5. FEI Number

59-3202700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PVP /R	TYLER, ROBERT WAYNE	3219 YULE TREE DRIVE	EDGEWATER FL 32141
OF	TYLER, ROBERT WAYNE	3219 YULE TREE DRIVE	EDGEWATER FL 32141

000002004290--9
-11/14/96--01033--001
****375.00 ****375.00

8. Name and Address of Current Registered Agent

NELSON, CAROLE
1523 UMBRELLA TREE DRIVE
EDGEWATER FL 32132

9. Name and Address of New Registered Agent

Name Jody Carrine Paulina
Street Address (P.O. Box Number is Not Acceptable) 3032 Lime Tree
Suite, Apt. #, Etc.
City Edgewater State FL Zip Code 32141

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

Jody Carrine Paulina
REGISTERED AGENT MUST SIGN

Date

10-7-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

R. W. Tyler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/96

Daytime Phone #

904/426-0842

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