

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 # **P93000069120 (2)**

1. Corporation Name

R.J. CONCRETE, INC.

Principal Place of Business

Mailing Address

**17320 SW 288 STREET
HOMESTEAD, FL 33030**

2. If the corporation has been dissolved, the board of directors shall file a statement of the reasons for dissolution and the date of dissolution with the Department of State.

3. New Mailing Office Address, If Applicable

P.O. Box 900712

4. City & State

City & State

Miami Homestead, FL

5. County

County

Dade

6. Name and Address of Each Officer and Director (Florida nonprofit corporations must file a list of directors)

7. Name and Address of Each Officer and Director (Florida nonprofit corporations must file a list of directors)

8. Name and Address of Each Officer and Director (Florida nonprofit corporations must file a list of directors)

9. Name and Address of Each Officer and Director (Florida nonprofit corporations must file a list of directors)

D NUNES, JOAQUIN

15240 SW 307 ROAD HOMESTEAD FL 33030

D TEIXEIRA, RAUL

17320 SW 288 STREET HOMESTEAD FL 33030

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-05/07/99--01131--017

******908.75 ****908.75**

REINSTATEMENT

98099

13 5/5/99

8. Name and Address of Current Registered Agent

NUNES, JOAQUIN

15240 SW 307 ROAD

HOMESTEAD, FL 33030

9. Name and Address of New Registered Agent

FL

10. Signature of Registered Agent

Joaquin Nunes
REGISTERED AGENT MUST SIGN

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

Yes ☒

No ☐

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 this application is filed, the reason for dissolution has been eliminated, the corporation has satisfied the requirements of section 607.0401 or 617.0401, F.S., that all taxes and other obligations of 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)(a), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joaquin Nunes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/98
Date

Daytime Phone #