

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077465

1. Corporation Name

EMERALD COAST CONCRETE, INC.

Principal Place of Business

Mailing Address

34049 EMERALD COAST PARKWAY
DESTIN FL 32541

PO BOX 545
DESTIN FL 32540

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

616 Northview St.
Paducah, Ky
42001-1744

616 Northview St.
Paducah, Ky
42001-1744

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1993

5. FEI Number

59-3208869

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LEEPER, RICK	RT 8 MERRYWOOD DR	BENTON KY
S/T	HARPER, BILLY	4141 BUCKNER LN 99 Piedmont Rd.	PADUCAH KY 42001 Gilbertsville, Ky 42044

300002725223--5
-12/29/98-01074-007
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELL, LLOYD
% ANN BELL - UNIT 12, DESTIN TOWERS
1008 HIGHWAY 98 EAST
DESTIN FL 32541

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Suzanne T LaMarche
810 Osprey Cove
Unit C
Santa Rosa Beach
FL 32459

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

Suzanne T LaMarche
REGISTERED AGENT MUST SIGN

Date 12-16-98

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:

Rick Leeper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-15-98 502-442-5496
Date Daytime Phone #

CR2E040 (9/96)