



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000079948			
1. Corporation Name HICKS ASPHALT REPAIR, INC.			
2. Principal Office Address 5191 CEDAR POINT RD		3. Mailing Office Address 5191 CEDAR POINT RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32226	Country USA	Zip 32226	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 11/9/1993		5. FEI Number 59-3213615	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name FRED ELEFANT			
Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DR			
Suite, Apt. #, Etc. SUITE 105			
City JACKSONVILLE		State FL	Zip Code 32207
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 9-11-01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PENNY A. HICKS	5191 CEDAR POINT RD	JACKSONVILLE, FL 32226
10. 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)(f), 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: Penny A. Hicks		Date 9/21/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Penny A. Hicks		Daytime Phone # 904-751-7030	

FILED

01 SEP 24 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-01

CR25061 (8/00)