

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 26 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000080505**

1. Corporation Name

WEST COAST CONCRETE, INC.

Principal Place of Business

Mailing Address

**4120 MALDEN DRIVE
SARASOTA, FL 34241**

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Address, If Applicable

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0447362

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee Required
for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RICHARD PORTER	4120 MALDEN DRIVE	SARASOTA, FL 34241

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******383.75 ****383.75**

REINSTATEMENT 910

12/30/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RICK PORTER (RICHARD PORTER)
4120 MALDEN DRIVE
SARASOTA, FL 34241**

Name

SAME

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

I am hereby appointing 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/12/96**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and if fees owed by the corporation have been paid, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96

Date

Daytime Phone #

941-371-4