

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra L. Matheson Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 20 PM 3:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>P94000020315</b>					
1. Corporation Name <b>F.S.H. GENERAL CONCRETE CONTRACTORS, INC.</b>					
Principal Place of Business <b>1233 NW 54 Street MIAMI Florida 33142</b>			Mailing Address		
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		4. Date Incorporated or Qualified To Do Business in Florida <b>03/16/94</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0475128</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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		
<b>Presid.</b>	<b>THOMAS D. DANIEL</b>	<b>9357 Fountainblue Blvd # 0418</b>	<b>MIAMI, Florida 33179</b>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>HOWARD N. GALBUT 999 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>			Name <b>N/A</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City State Zip Code <b>FL</b>		
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 <b>Howard N. Galbut</b>			Date <b>6/02/98</b>		
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <b>Thomas D. Daniel</b>			Date <b>5/22/98</b> (305) 7568291		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
<b>President</b>					