

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

99 JAN 29 AM 11:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000053444

1. Corporation Name

EASTMAN AGGREGATES, INC.

Principal Place of Business

Mailing Address

3705 BELLVUE AVE
 LAKE WORTH FL 33461
 US

P.O. BOX 6469
 LAKE WORTH FL 33466

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/12/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0505560	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
XP	EASTMAN, BERNARD D	3705 BELLVUE AVE	LAKE WORTH FL 33461
V	Thornton, Patti A	3705 Bellvue Ave	lake worth Fl 33461

100002764741--0
 -02/04/99--01056--011
 1800.00 *900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THORNTON, PATTI
 3705 BELLVUE AVE
 LAKE WORTH FL 33461

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Patti Thornton Patti Thornton

Date

11/19/98

REGISTERED AGENT MUST SIGN

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:

Bernard Eastman Bernard Eastman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98 (561)
 969-7147
 Date Daytime Phone #

CR2040 (9/98)