

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

AND  
FILED

97 JUL 18 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4 0000 79224**

1. Corporation Name  
**Superior Concrete Products Corporation**

Principal Place of Business Mailing Address

**1950 N.W. 22nd Street  
Fort Lauderdale, FL 33311**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

**65-0533555**

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---------------------------|
| P/D           | Henry Siegel                              | 1950 N.W. 22nd Street  | Fort Lauderdale, FL 33311 |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |
|               |   |  |                           |

**100002243961--5**  
-07/22/97--01085--007  
\*\*\*\*915.00 \*\*\*\*915.00

*Handwritten signature*

8. Name and Address of Current Registered Agent

**Corporate Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301**

9. Name and Address of New Registered Agent

Name  
**Daniel S. Mandel, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2101 Corporate Blvd.  
Suite, Apt. #, Etc.  
Suite 300**

City

**Boca Raton**

State

**FL**

Zip Code

**33431**

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

*Handwritten signature of Daniel S. Mandel*

REGISTERED AGENT MUST SIGN **DANIEL S. MANDEL**

Date **7/15/97**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/97 (954) 677-8868**

Date

Daytime Phone #

CR2ED40 (12/96)