

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500000 5360

1. Corporation Name

C + D Concrete, Inc

2. Principal Office Address

15923 Lem Turner RD
Jacksonville, FL 32218
Suite, Apt. #, etc.

3. Mailing Office Address

15923 Lem
Turner RD
Jacksonville, FL 32218
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3300877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Dean, Charlie R.

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

15923 Lem Turner RD

Suite, Apt. #, Etc.

Jacksonville, FL 32218

City

State

FL

Zip Code

32218

100042120551

10/25/04--01006--024 **750.00

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

Charlie R. Dean

Date

10-20-04

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
<u>PD</u>	<u>Charlie R. Dean</u>	<u>15923 Lem Turner RD</u>	<u>Jacksonville, FL</u> <u>32218</u>
<u>STD</u>	<u>Dean Viola W.</u>	<u>15923 Lem Turner, RD</u>	<u>Jacksonville, FL</u> <u>32218</u>

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:

Viola W. Dean Viola W. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-04

Daytime Phone #

CR2E081 (01/04)