

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 14 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 295000092777

## 1. Corporation Name

OC CONCRETE FINISHING INC.

2. Principal Office Address  
2505 ARRAN CT3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLERMONT, FL

City &amp; State

Zip  
34714Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 12/06/19955. FEI Number  
65-0630915Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
ORLANDO CASTAÑEDAStreet Address (P.O. Box Number is Not Acceptable)  
2505 ARRAN CT

Suite, Apt. #, Etc.

City  
CLERMONT, FLState  
FLZip Code  
34714

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

Date

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
PSD	ORLANDO CASTAÑEDA	2505 ARRAN CT	CLERMONT, FL 34714

000047044660  
02/22/05--01035--003 \*\*\*300.00

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 19 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

Date

Daytime Phone #

2-10-05 352-267-1330

2022

OC CONCRETE FINISHING INC.  
101 AMMAN CT.  
TALLAHASSEE, FL 32302

2/9/2005

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

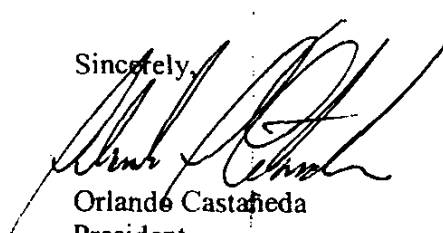
RE: OC Concrete Finishing, Inc.  
Doc #P95000092777  
FEI # 65-0630915

Dear Sir/Madam:

This is to inform you that we had not received the annual report form year 2004 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2004 and 2005 for the amount of \$300.

Sincerely,



Orlando Castañeda  
President