

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003784

1. Corporation Name

LASTELLA CONCRETE, INC.

2. Principal Office Address

1000 S. Alhambra Cir.

3. Mailing Office Address

P.O. Box 11503

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34191-1503

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/11/96

5. FEI Number

65-0635193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gerald J. Lastella

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

1000 S. Alhambra Cir.

Suite, Apt. #, Etc.

#1

City

Naples

300028161603

02/03/04 01065 014 **150 00

300028161603

04/14/04 01053 017 **600 00

State

FL

Zip Code

34103

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
D, P	Gerald J. Lastella	1000 S. Alhambra Cir. #1	Naples, FL 34103

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)(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 #

1-30-04 2392630065

CR2E081 (10/02)

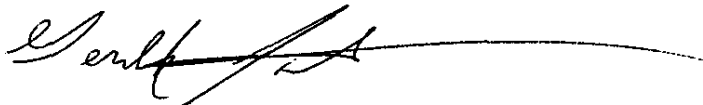
Lastella Concrete, Inc.
P.O. Box 11503
Naples, FL 34103

January 29, 2004

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please be advised that Lastella Concrete, Inc. has no record of receiving the original Corporate Annual Report forms. For this reason, please waive the reinstatement fee of \$600.00. Enclosed is a check for \$150.00 for the annual report fee and corporate supplemental fee.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gerald Lastella', with a long horizontal flourish extending to the right.

Gerald Lastella
President