

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

10/27/97 11:15  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000014328**

1. Corporation Name  
**MCCOY'S CONCRETE, INC.**

Principal Place of Business <b>3842 KILEARN COURT SUITE B TALLAHASSEE FL 32308</b>	Mailing Address <b>3842 KILEARN COURT SUITE B TALLAHASSEE FL 32308</b>
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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		4. Date Incorporated or Qualified To Do Business in Florida <b>02/15/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
Zip	Country	Zip	Country		

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
PVST	MCCOY, HOMAR C	2008 BALMORAL COURT	TALLAHASSEE FL 32311
D	MCCOY, HOMAR C	2008 BALMORAL COURT	TALLAHASSEE FL 32311
			100002389561-8 -11/05/97--01109--007 ****750.00 ****750.00
			<b>REINSTATEMENT '97</b> SCC 11-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>MCCOY, HOMAR C 3842 KILEARN COURT SUITE B TALLAHASSEE FL 32308</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b> 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 *Homar C. McCoy* REGISTERED AGENT MUST SIGN Date 10-27-97

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: *Homar C. McCoy* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-29-97 Daytime Phone #

CPRE040 (8/97)