PLEASE READ	ALL INSTRUCTIO	ONS BEFORE C	COMPLETING THIS FORM.		
APPLICATION	FLORIDA DEPART		T A PSI SYNCK ANT PS	•	
FOR	Sandra B.		FILED		
REINSTATEMENT	Secretary DIVISION OF CO				
DOCUMENT # P9600019028			98 NOV 19 PM 2: 07		
1. Corporation Name			SECRETARY OF STATE		
CONCRETE DOCKS COMPANY			TALLAHASSEE, FLORIDA		
			Ţ		
Principal Place of Business	Mailing Address				
RT. 1. BOX 454					
FEDERAL POINT 227 Hwy M E. PALATKA FL 32131					
E.PALAHKA, FIZZI3/ If above addresses are incorrect in any way, line through incorrect information and enter correction below.			PENSTATEMENT OF	5	
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified		
Suite, Apt. #, etc.			To Do Business in Florida 02/26/1996		
227 Awy 17 30. City & State			1 50-106675 <i>/</i> 1	lied For Applicable	
En Palatka Pl 32131	PALATEA PI 32131 Country Zip Country		6\$8.75 Additional F		
32/3/ 45		30 4 111,	CERTIFICATE OF STATUS DESIRED for a Certificate	of Status	
7. Names and Street Addresses of Each Officer and/o Name of Officers	or Director (Florida nonprofit c	corporations must list at lea Street Address of Each	n		
Title(s) and/or Directors Offi 2 3 (Do NOT Use		Officer and/or Director OT Use Post Office Box Nu	City / State / Zip		
D WILLIAMS, HERBERT L RT. 1, BOX 454		454	E. PALATKA FL 32131		
			800002695078-	-4	
			-11/24/98010310 ****750.00 ****75		
			111111111111111111111111111111111111111		
			VU	7	
				7	
			1 1/1/1		
8. Name and Address of Current R	legistered Agent		9. Name and Address of New Registered Agent		
Name Herbet			ct h. williams	(86/6)	
SCOTI, ALLEN C.D. II 120 COMERSIAL AVE.		Street Address (P	Street Address (P.O. Box Number is Not Acceptable) 227 Hwy Joo.		
FEDERAL POINT Suite,					
E. PALATKA FL 32131			State Zip Code		
10. I, being appointed/the registered agent of the above	ve named corporation, am fam	illar with and accept the ob	FK 4 FL 32.03 bligations of Section 607.0505, F.S.	<u> </u>	
Signature 6:	17/16PF	DUIRED	Date 11-16-98		
Registered Agent RE	SISTERED AGENT HUST HE	GN	Date // / /		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
this reinstatement application, the reason for dissol	ution has been eliminated, the ames of individuals listed on the	corporate name satisfies this form do not qualify for a	•	all fees n indicated	
SIGNATURE: THE THE SIGNATURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					