

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
TALLAHASSEE, FLORIDA 32304

FILED

99 FEB 24 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041025

1. Corporation Name

ADAMS STAMPED CONCRETE CORPORATION

2. Registered Office

11441 S.W. 225th. St.
Miami, FL 33170

3. Mailing Address

Same

4. If above address is not correct, please provide correct address for the corporation.

5. New Mailing Address (if different)

N/A

6. New Mailing Address (if different)

N/A

7. State of Incorporation

8. State of Mailing Address

City & State

City & State

9. Country

City

Country

REINSTATEMENT

97-99
BIOGRAPH

5/15/96

☒ Additional Fee
☐ Not Applicable

SS.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and Director (Please designate corporations to state the status of each)

Titles

Name of Officers
and Directors

Street Address of Each
Officer and Director

(Do NOT Use Post Office Box Number)

City, State, Zip

PSTD

MICHAEL T. ADAMS

11441 S.W. 225th. St.

Miami, FL 33170

100002789401--2
-02/26/99--01113--018
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

MICHAEL T. ADAMS
11441 SW 225th. Street
Miami, FL 33170

9. Name and Address of New Registered Agent

Name

Street Address (Do Not Use Post Office Box Number)

City, State, Zip

City

State, Zip, Country
FL

10. I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of
Registered Agent

Michael Adams

Michael T. Adams

February 22, 1999

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief. I am not aware of any other information that would require the filing of this application. I am not aware of any other information that would require the filing of this application. I am not aware of any other information that would require the filing of this application.

SIGNATURE:

Michael Adams

Michael T. Adams

2/22/99

305-251-3636

SIGNATURE AND TYPE D (PRINTED NAME) OF SIGNING OFFICER REQUIRED