

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **996000053094**

1. Corporation Name

ConcreTech Corp.

Principal Place of Business

Mailing Address

861 NW 207 Street
Miami, FL. 33169

861 NW 207 Street
Miami, FL. 33169

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
861 NW 207 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL.

Zip

Country

Zip

33169

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

July 1, 1996

5. FEI Number

65-0674854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Willie Johnson	861 NW 207 St	Miami, FL. 33169
VP	Dario Rovelli	861 NW 207 St.	Miami, FL. 33169

8. Name and Address of Current Registered Agent

Dario Rovelli
6423 Collins Ave. #1505
Miami Beach, FL. 33141

9. Name and Address of New Registered Agent

Name
N/A

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

Suite, Apt. #, Etc.

City

State
FL

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

REGISTERED AGENT MUST SIGN

Date 10/9/99

11. This corporation owes 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. DARIO ROVELLI

10/9/99 (305) 652-7869

Daytime Phone #

REINSTATEMENT 99

FILED

99 OCT 11 AM 8:23

SECRET, OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/98)