

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 JAN 29 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000079114

1. Corporation Name

CONCRETE CUTTING SERVICE, INC.

2. Principal Office Address

9838 LEAHY ROAD

Suite, Apt. #, etc.

5

City & State

JACKSONVILLE, FL.

Zip

32246

Country

DUVAL

3. Mailing Office Address

9851 TIFFANY AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32246

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/96

5. FEI Number

59-3404969

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

700003654247 --3

Name

KEITH H. JOHNSON

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

8810 GOODBY'S EXECUTIVE DRIVE

Suite, Apt. #, Etc.

SUITE A

City

JACKSONVILLE

State

FL

Zip Code

32217

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

REGISTERED AGENT MUST SIGN

Date November 19, 2006

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	WINTERS, MICHELLE M.	9851 TIFFANY AVENUE	JACKSONVILLE, FL. 32246
D/VP	WINTERS, RODNEY	9851 TIFFANY AVENUE	JACKSONVILLE, FL. 32246
S/T	POPE, JEFFERY	1862 BURKHOLDER CIR, W.	JACKSONVILLE, FL. 32216

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: MICHELLE M. WINTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 642-4317

Daytime Phone #

CR2E081 (9/99)