

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 APR 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7100015398

1. Corporation Name

SMARTchoice CONCRETE INC

Principal Place of Business

Mailing Address

20125 NE 16 PL.
N.M.B, FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20125 NE 16 PL

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

N.M.B FL

City & State

Zip

33179

Country

USA

Zip

Country

REINSTATEMENT

98-99
7/10/99
4/14/99

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3438705

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
1	2	3	4
P	ZACK CATHALINI	11000 Hollywood Blvd	Hollywood, FL 33001
	CATHALINI		

41001112848424
-04/22/99--01116--018
****500.00 ****500.00

8. Name and Address of Current Registered Agent

AMSTER GOMEZ

9. Name and Address of New Registered Agent

Name

AMSTER GOMEZ

Street Address (P.O. Box Numbers Not Acceptable)

412 SE 23rd

Suite, Apt. #, Etc

City

FT LAUDERDALE

State

FL

Zip Code

33316

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3-23-99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACK CATHALINI

Pres.

Date

Daytime Phone #