


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P97000023029**

1. Corporation Name
SURGE CONCRETE, INC.

Principal Place of Business Mailing Address

1512 OREGON STREET ORLANDO FL 32801

1512 OREGON STREET ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable
1729 Oregon St.

3. New Mailing Office Address, If Applicable
1729 Oregon St.


City & State **Orlando FL**

City & State **Orlando FL**

Zip **32803** Country **USA**

Zip **32803** Country **USA**

FILED
01 OCT 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2001 JDM

4. Date Incorporated or Qualified To Do Business in Florida
03/13/1997

5. FEI Number **55-9343886**

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	City / State / Zip
P	DRYDEN, MARVIN F JR.	1512 OREGON STREET <i>1729 Oregon St</i>	ORLANDO FL 32801
S	PARSONS, MICHAEL T	1512 OREGON STREET <i>Remove</i>	ORLANDO FL 32801
			700004669127--8 11/05/01 01060 010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DRYDEN, MARVIN F JR.
1512 OREGON STREET
ORLANDO FL 32801

Name **Dryden, Marvin F. Jr.**
Street Address (P.O. Box Number is Not Acceptable) **1729 Oregon St.**
Suite, Apt. #, Etc.
City **Orlando** State **FL** Zip Code **32803**

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]* Date **10-12-01**

REGISTERED AGENT MUST SIGN

11. 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]* Date **10.12.01** Daytime Phone # **321-229-6027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)