

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # <b>p97000025352</b>		<b>98-99 AK</b>	
1. Corporation Name <b>METRO REDI-MIX COMPANY</b>		<b>FILED</b> 99 FEB 22 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>600002789056--9</b> -02/26/99--01078--018 ****343.75 ****308.75	
Principal Place of Business <b>5353 W TYSON AVE TAMPA FL 33611</b>		Mailing Address <b>PO BOX 40535 ST PETERSBURG FL 33743</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>20 MARCH 97</b>		5. FEI Number <b>59-3437218</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	GEORGE TOCCALINO	14260 82ND TER N	SEMINOLE FL 33776
T/D	JOHN W McVEY	205 W 6TH ST S	ST PETERSBURG FL 33707
S/D	CAREY CARLSON	6279 COLONY CIRCLE	SPRING HILL FL 34607
		TS. 2/24/99 98-99	
8. Name and Address of Current Registered Agent <b>CSC PO BOX 13397 PHILADELPHIA PA 19101-3397</b>		9. Name and Address of New Registered Agent Name <b>GEORGE TOCCALINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>14260 82ND TER N</b> Suite, Apt. #, Etc. City <b>SEMINOLE</b> State <b>FL</b> Zip Code <b>33776</b>	
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 <b>12 FEB 99</b>			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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		12 FEB 99 727 5281735 Date Daytime Phone #	

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12 February 99

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\*\*\*\*343.75 \*\*\*\*\*35.00

DEPARTMENT OF STATE  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

To Whom it May Concern:

Per our conversation with Stacy Prather of the Florida Secretary of State's office, our 1998 and 1999 Annual Reports were returned by the US Postal Service as undeliverable due to incorrect address. Enclosed is a check in the amount of \$343.75 for our Change of Registered Agent filing fee (\$35.00), and our 1998 and 1999 Annual Report (\$300.00 + 8.75 for Certificate of Status). Please waive the late fees and reinstate our Corporation as soon as possible. If you should have any questions, please feel free to contact me.

Regards,

George Toccalino  
President

GT:cjm

Enclosures

(813) 831 - 6105  
Fax (813) 528-4393  
P.O. Box 40535 St. Petersburg, FL 33743