

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033407

1. Corporation Name

TOP NOTCH CONCRETE, INC.

Principal Place of Business

15239 87TH STREET NORTH
LOXAHATCHEE FL 33470

Mailing Address

%TODD C. MCCOLGIN
258 SUMMA ST.
WEST PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable
258 Summa Street

3. New Mailing Office Address, If Applicable
258 Summa Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip 33405 Country USA

Zip 33405 Country USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1997

5. FEI Number

65-0744014

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FENNELL, R. BRIAN	258 SUMMA ST.	WEST PALM BEACH FL 33405
D	MCCOLGIN, TODD C	258 SUMMA ST.	WEST PALM BEACH FL 33405

7000008545407
10/23/02--01052--003 **750.00

10/25

8. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR.
STE. 910
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name Daryl Cramer & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard
Suite, Apt. #, Etc.
Suite 508
City Palm Beach Gardens State FL Zip Code 33410-2758

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. or 617.0505, F.S.

Signature of
Registered Agent

Daryl Cramer & Associates, P.A.
Daryl B. Cramer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN, President

Date

10/25/02

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

22OCT02 (561) 662-6152

Date

Daytime Phone #

CR2ED40 (8/02)