

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000043945

1. Corporation Name

PIONEER CONCRETE OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

16 S.E. ERIE TERRACE
STUART FL 34997

16 S.E. ERIE TERRACE
STUART FL 34997

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1997

Suite, Apt. #, etc.
6352 SW Banks St

Suite, Apt. #, etc.
6352 SW Banks St

City & State
Palm City, FL

City & State
Palm City, FL

Zip
34990

Zip
34990

5. FEI Number

65-0761123

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	PEACOCK, RANDY T	16 S.E. ERIE TERRACE 6352 SW Banks St	STUART FL 34997 Palm City, FL 34990
			400004687804--3 -11/19/01--01073--030 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEACOCK, RANDY T
16 S.E. ERIE TERRACE
STUART FL 34997

Name
Peacock, Randy T
Street Address (P.O. Box Number is Not Acceptable)
6352 SW Banks St
Suite, Apt. # Etc.
Palm City
City
State
FL
Zip Code
34990

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

10/19/01

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

Date

Daytime Phone #

10/19/01