

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P97000047941**

1. Corporation Name

BIG T CONCRETE CUTTING WEST COAST, INC.

Principal Place of Business

Mailing Address

2614 N TAMAMI TRAIL
SUITE 622
NAPLES FL 34108
US

2614 N TAMAMI TRAIL
SUITE 622
NAPLES FL 34108
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/30/1997

5. FEI Number

65-0768600

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | HAWES, JASON | 1661 NORTHWEST 61ST AVE | MARGATE FL 33063 |
| VD | STOLLER, GENE | 1661 NORTHWEST 61ST AVE | MARGATE FL 33063 |
| T | STOLLER, LOREN | 1661 NORTHWEST 61ST AVE | MARGATE FL 33063 |
| | | | |
| | | | |
| | | | |
| | | | |

000003046320--2
-11/16/99--05-005
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CONCRETE CUTTING, INC.

**BOBCAT SERVICE
FILL
CORE DRILLING
DEMOLITION
HAULING**

OCTOBER 28, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN:
RE: CORPORATION REINSTATEMENT

WE ARE WRITING IN APPEAL TO THE DISSOLUTION OF OUR CORPORATION. THE DISSOLUTION PACKET DATED SEPTEMBER 24, 1999 IS THE FIRST OF ITS KIND THAT WE HAVE RECEIVED. WE ARE A NEW CORPORATION, UNFORTUNATELY WE ARE NOT FAMILIAR WITH THE ANNUAL REPORT. IN THE FUTURE WE WILL MAKE CERTAIN THAT THIS WILL NOT BE OVERLOOKED AGAIN. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL OUR OFFICE.

SINCERELY,



JASON J. HAWES
PRESIDENT