

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICANT FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 21 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051931

1. Corporation Name

JOBSITE CONCRETE OF TAMPA, INC.

Principal Place of Business 4610 W ALVA STREET TAMPA FL 33614	Mailing Address 4610 W ALVA STREET TAMPA FL 33614
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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 06/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0761969	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PAULINE, WILLIAM E	4610 W ALVA STREET	TAMPA FL 33614

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULINE, WILLIAM E 4610 W ALVA STREET TAMPA FL 33614	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 W. E. Pauline **SIGNATURE REQUIRED** Date 12/15/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (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)(f), 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: W. E. Pauline **SIGNATURE REQUIRED** Date 12/15/98
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)

JOBSITE CONCRETE OF TAMPA, INC.

4610 W. Alva Street
Tampa, Florida 33614-7643

December 8, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

In March, we mailed our annual report along with a check for our fees. We received a reinstatement letter letting us know our corporation status was being dissolved.

I called a person in the reinstatement department, who advised me to write a letter and explain what happened. I have signed the new annual report that has been mailed. Our check has been cashed by the Florida Department of State. Please reinstate my corporation.

Sincerely,

JOBSITE CONCRETE OF TAMPA, INC.



W. E. Paulline, President