

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JUL 30 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

E+A Concrete Inc.

P97000064836

2. Principal Office Address

2027 16<sup>th</sup> St. So

3. Mailing Office Address

2027 16<sup>th</sup> Street So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Petersburg, FLA.

City & State

ST. Petersburg FLA

Zip

33705

Country

Pinellas

Zip

33705

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

593459588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DWIGHT A. NEWKIRK

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

2027 16<sup>th</sup> Street South

Suite, Apt. #, Etc.

City

ST. Petersburg

State

FL

Zip Code

33705

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Dwight A. Newkirk*  
REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Dwight A. Newkirk	2027 16 <sup>th</sup> St So.	ST. Petersburg FL 33705
V/P	MAURICE D. Newkirk	2027 16 <sup>th</sup> St So.	ST. Petersburg FL 33705
S	LOETWAND A K	2027 16 <sup>th</sup> St. So	ST. Petersburg FL 33705

10. 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:

*Dwight A. Newkirk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03 (722)

Date

Daytime Phone #

639-6694

CR2E081 (10/02)