

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000071951

1. Corporation Name

Phoenix Precast Corp.

2. Principal Office Address

16277 NW 13th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward, USA

3. Mailing Office Address

16277 NW 13th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward, USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/20/97

5. FEI Number +RS

65-0774937

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

Johnel Mecias

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

16277 NW

13th Street

Suite, Apt. #, Etc.

City

Pembroke Pines,

State

FL

Zip Code

33028

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

Johnel Mecias

REGISTERED AGENT MUST SIGN

Date

4/27/01

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

PSTD

Johnel Mecias

16277 NW 13th St

Pembroke Pines, FL 33028

300004219413-1

-05/16/01 -01031-015

\*\*\*\*500.00 \*\*\*\*500.00

REINSTATEMENT

(6-0) 178

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Johnel Mecias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnel Mecias

Date

4/27/01

Daytime Phone #

954-471-9308