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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FILING

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

99 JUN 18 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000086649

1. Corporation Name
ATLANTIC CONCRETE ENTERPRISES, INC

Principal Place of Business
9805 NW 80 AV. H K13
HIALEAH GARDENS FL 33016

Mailing Address

98-99

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

2. New Principal Office Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida 10/8/97

5. FEI Number 650786963 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers	Street Address of Each (no P.O. Box Number)	
P	MANUEL FERREIRA	5500 NW 181 Terrace	MIAMI FL 33017

8. Name and Address of Current Registered Agent
MANUEL FERREIRA
5500 NW 181 Terrace
MIAMI FL 33017

9. Name and Address of New Registered Agent
Name: MANUEL FERREIRA
Street Address (P.O. Box Number is Not Acceptable): 5500 NW 181 Terrace
Suite, Apt. #, Etc.
City: MIAMI | State: FL | Zip Code: 33017

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: 6/17/99

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)(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] 6/17/99 (305) 821-3111
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/98)

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

ATLANTIC CONCRETE ENTERPRISES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75