

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009167340

11/22/02--01039--003 **150.00

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11/22/02--01039--005 **150.00

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11/22/02--01039--004 **150.00

DOCUMENT #

1. Corporation Name

Concrete + Framing Inc
P9800000 2864

2. Principal Office Address

952 Kokomo Key

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.B. 8170

Suite, Apt. #, etc.

City & State

Delray Bch, FL

City & State

Coral Springs FL

Zip

33483

Country

Palm Bch

Zip

33075-8170

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-24-99

5. FEI Number

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

Douglas Conner

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

952 Kokomo Key

Suite, Apt. #, Etc.

City

Delray Bch

State
FL

Zip Code

33483

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Nov 14 2002

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	Douglas Conner	952 Kokomo Key	Delray Bch
VP-S			
VP-S	Candace Conner	952 Kokomo Key	Delray Bch

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11/22/02--01039--007 **600.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-2002

Date

Daytime Phone #

CR2E081 (9/01)

gr 11/26