

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC-12 AM 9:33

DOCUMENT # P98000003047

1. Corporation Name
 RELIABLE CONCRETE PUMPING, INC.

Principal Place of Business Mailing Address

17466 EAST STREET 3612 SW 2ND STREET
 NORTH FORT MYERS FL 33917 CAPE CORAL FL 33991

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



06/20/00 90006 028 \$150

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

PO Box 3516

4. Date Incorporated or Qualified To Do Business in Florida 01/09/1998

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. FEI Number 65-0805969 Applied For Not Applicable

City & State City & State
 Ft. Myers, FL 33918

Zip Country Zip Country
 Lee

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
VP	SIRIANNI, MICHELLE Sirianni, Ronald	3612 SW 2ND ST 15730 Jones Rd	CAPE CORAL FL 33991 N. Ft. Myers, FL 33917
0	JEFFEREY, DAVID	3612 SW 2ND ST	CAPE CORAL FL 33991 Delete
P	Michelle Sirianni	15730 Jones Rd	N. Ft. Myers, FL 33917

8. Name and Address of Current Registered Agent

~~SIRIANNI, RONALD~~
~~3612 SW 2ND STREET~~
~~CAPE CORAL FL 33991~~

9. Name and Address of New Registered Agent

Name: Michelle Sirianni
 Street Address (P.O. Box Number is Not Acceptable): 15730 Jones Rd
 Suite, Apt. #, Etc.:
 City: N. Ft. Myers State: FL Zip Code: 33917

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: Michelle Sirianni Date: 11.2.00

REGISTERED AGENT MUST SIGN

11. 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: Michelle Sirianni Date: 11.2.00 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)



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November 2, 2000

Division Of Corporations
PO Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

I have enclosed the form that you have recently sent me. Per the instructions from your office today I am not sending money. Our office was located at 3612 SW 2nd Street, Cape Coral, Fl 33991 and I did not receive our first until June 15, 2000. One month after the filing date I contacted your office on that day and was told to send a letter and a check for a \$150.00 and that it would be taken care of. I did not hear anything until the end of October. I assumed everything was taken care of my check did clear for \$150.00. Please let me know the status of our corporation. I do not wish to dissolve it but have had problems with the delivery of the documents. Thank you for your cooperation and time in this matter. You do have our correct address and you may reach me at 941-543-9999.

Sincerely



Michelle Sirianni
Reliable Concrete Pumping, Inc.