


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

05 MAR 28 AM 9:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000003754

1. Corporation Name

R L GECK CONCRETE SERVICE, INC

2. Principal Office Address

13396 MARCELLA ROAD

3. Mailing Office Address

13396 MARCELLA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

Zip

33470

Country

US

Zip

33470

Country

US

**REINSTATEMENT**

02-05

4. Date Incorporated or Qualified  
 To Do Business in Florida 01/12/1998

5. FEI Number  
 65-0803050

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  
 ROLAND GECK

Street Address (P.O. Box Number is Not Acceptable)  
 13396 MARCELLA ROAD

Suite, Apt. #, Etc.

City  
 LOXAHATCHEE

State  
 FL

Zip Code  
 33470

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

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
PRES	ROLAND GECK	13396 MARCELLA ROAD	LOXAHATCHEE, FL 33470

700050303287  
 04/11/05--01006--013 \*\*1200.00

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:

*Roland Geck* ROLAND L. Geck 3/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)