

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -1 PM 1:28

DOCUMENT # P98000059337

1. Corporation Name

CAPITAL CONCRETE OF JACKSONVILLE, INC.

2. Principal Office Address - No P O Box #

14540 STACEY RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32250

Country

USA

Zip

Country

500170695635
02/26/10--01043--011 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 07/01/1998

5. FEI Number
59-3521061

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

JOYCE MATTHEWS

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

14540 STACEY RD

Suite, Apt. #, Etc

City

JACKSONVILLE

State

FL

Zip Code

32250

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joyce Matthews
REGISTERED AGENT MUST SIGN

Date 02/22/2010

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/S	JOYCE MATTHEWS	14540 STACEY RD	JACKSONVILLE FL 32250

B 3/1/10

REINSTATEMENT 08-10

10. E-mail Address: KBB1017@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

Joyce Matthews Joyce MATTHEWS

2-22-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-223-1424