PLEASE READ: ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

DOCUMENT # P98000061224 1. Corporation Name						00 OCT 16 AM 11: 40			
TOLE	R CONC	CRETE INCORP	ORATED	• -		 			
Principal P	face of Busine	ss	Mailing Addi	Mailing Address			(18 1816) (BILL BB)(1 88)(1 88(1) 88(1)	a anter mana kubin kubin ardi kubi	
2386 URSULA AVE. PENSACOLA FL 32526			2386 URSULA AVE. PENSACOLA FL 32526						
If above a	addresses are	incorrect in any way, line th	rough incorrect i	information a	nd enter correction below.	DEIN	STATEME	NT OC	
2. New Pr	incipal Office A	Address, If Applicable	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/10/1998			
Suite, Apt.			Suite, Apt. #, etc.			5. FEI Number	59-3165407	Applied For	
City & State			City & State Zip Country		Country	6.		Not Applicable 8.75 Additional Fee required	
Zip		Country	Zip		Country	CERTIFICATI	OF STATUS DESIRED	for a Certificate of Status	
7. Names	and Street Ad		/or Director (Fir	orida nonprof	it corporations must list at lea				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
0 .	TOLER, N	TOLER, MELVIN A		2386 URSULA LN			PENSACOLA FL 32526		
						1	DOOO343: -10/20/00-	<u>-01065032</u> -	
							****758.0	0 ****750.00	
<u> </u>							X	Q 13/19	
8. Name and Address of Current Registered Agent						Name and Address of New Registere Agent			
					Name				
TOLER, MELVIN A 2386 URSULA AVE. PENSACOLA FL 32526					Street Address (Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
					Suite, Apt. #, Etc				
,				·	City		F	ate = Zip Code:	
10. I, bein Signature Registered	of	Telus A	OUT EGISTERED AC		familiar with and accept the c	bligations of Sect	Date (C. + o)	ver 11, 2000	
11. I certify	y that I am an	officer or director or the rece	iver or trustee e	mpowered to	execute this application as patients	provided for in cha	apter 607 or 617, F.S. I furth	ner 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850469-8317 10-11-00 850941-2814 Daytime Phone # 850261-4854

850-941-2811