

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P98000065308

1. Corporation Name

CEMENT SERVICES, INC.

2. Principal Office Address

240 SUNWAY AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

3. Mailing Office Address

240 SUNWAY AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34237

Country

REINSTATEMENT 99-0

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/1998 -

5. FEI Number

65-0853898

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

BRENDA E. WOOD

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

4509 BEE RIDGE ROAD STE. B

Suite, Apt. #, Etc.

SUITE B

City

SARASOTA

500003496575-1

-12/12/00--01027--027

\*\*\*\*908.75 \*\*\*\*908.75

State

FL

Zip Code

34233

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

*Brenda E. Wood*

REGISTERED AGENT MUST SIGN

Date 11-8-00

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	COLA L WILSON II	240 SUNWAY AVENUE	SARASOTA, FL 34237

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:

*Cola L. Wilson II*

COLA L. WILSON II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-00

Date

Daytime Phone #

CR2E081 (9/99)