

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

04 JAN 22 AM 8:00

DOCUMENT # 9980000 72866

1. Corporation Name

1ST Class PRECAST INSTALLATION, INC.

REINSTATEMENT 23-04

600021374966
01/22/04--01007--006 **900.00

2. Principal Office Address
3817 Tram Ct.

3. Mailing Office Address
P.O. BOX 656

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Orlando, FL.

City & State
clarcoma, FL.

Zip Country
32810 Orange

Zip Country
32710 Orange

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

5. FEI Number
59-3525505

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
Ronald A. Smith

Street Address (P.O. Box Number is Not Acceptable)
3817 Tram Ct.

Suite, Apt. #, Etc.
N/A

City
Orlando

State Zip Code
FL 32810

MRS

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

Ronald A. Smith
REGISTERED AGENT MUST SIGN

Date 1/16/2004

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	Ronald A. Smith	3817 Tram Ct.	Orlando, FLA. 32810
V/P	Glen R. Weber	9290 Overland rd., Apt.#4	Apopka, FLA. 32703

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:

Ronald A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2004 1(407)948-1285

Date Daytime Phone #

CR2001 (10/02)