

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 16 PM 3:18

DOCUMENT # 798000090664

1. Corporation Name

Florida Concrete of Orlando, Inc.
6632 Harvey St.
Orlando, FL 32809

2. Principal Office Address

6632 Harvey St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

FL

Zip

32809

Country

ORANGE

Zip

Country

000004494060--9

-07/24/01--01083--009

***300.00 ***150.00

300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-98

SP

5. FEI Number

59-3537236

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

ROSEMARIE TAYLOR

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

6632 HARVEY ST.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Rosemarie Taylor

REGISTERED AGENT MUST SIGN

Date 5-10-01

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 |
|----------------------|--------------------------------------|---|-------------------------------|
| President | JAMES R. TAYLOR | 6632 HARVEY ST. | ORLANDO, FL. 32809 |
| President | Rosemarie Taylor | 6632 HARVEY ST. | ORLANDO, FL. 32809 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-01

Date

407-857-0694

Daytime Phone #

CR2E081 (9/00)