


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000004710**
 1. Corporation Name
COD CONCRETE EXPRESS INC.

Principal Place of Business Mailing Address
2120 ROGERS RD. APOPKA FL 32712 **2120 ROGERS RD. APOPKA FL 32712**



300009200893
 11/25/02--01048--006 **158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country


4. Date Incorporated or Qualified To Do Business in Florida **01/13/1999**
 5. FEI Number **59-3553918** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status


7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DOERR, MICHAEL A	2120 ROGERS ROAD	APOPKA FL 32712

8. Name and Address of Current Registered Agent
DOERR, MICHAEL
2120 ROGERS RD.
APOPKA FL 32712

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.
 Signature of Registered Agent  **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E040 (8/02)

COD CONCRETE EXPRESS, INC.

2120 ROGERS ROAD
APOPKA, FLORIDA 32712-5630

PHONE 407-886-5469

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Reference: Document P99000004710

Dear Sir,

I am writing in reference to the Administrative Dissolution of the above company. In checking our records and those of our accountant I do not find that we received prior notice of the forms due. I realize that the annual report is our responsibility and I don't know what could have caused this error. I have made changes to insure that the annual report is filed on a timely based.

I would request that no penalty be charged to us. I have attached the completed Application for Reinstatement and a check in the amount of \$ 158.75. The \$150.00 fee and \$8.75 for a Certificate of Status.

Thank you for your help in this matter.

Regards



Michael A. Doerr
Registered Agent