

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 SEP 17 AM 8:00

DOCUMENT # P99000039260

**1. Corporation Name**

ALBORES CONCRETE FORMING, INC.

1110 N 58TH TERRACE  
1110 N 58TH TERRACE

**2. Principal Office Address**

1110 N 58TH TERRACE

**3. Mailing Office Address**

1110 N 58TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

Zip

33021

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 04-29-1999

**5. FEI Number**

65-0915514

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03-04-  
MRD

**7. Name and Address of Current Registered Agent**

Name

ALEXANDER ALBORES

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

1110 N 58 TERRACE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

**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

Date

REGISTERED AGENT MUST SIGN

**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
PD	ALEXANDER ALBORES	1110 N 58 TERRACE	HOLLYWOOD FL 33021
TD	SALVADOR ALBORES	1110 N 58 TERRACE	HOLLYWOOD FL 33021
SD	SALVADOR ALBORES JR	1110 N 58 TERRACE	HOLLYWOOD FL 33021

**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

Date

Daytime Phone #

CR2E081 (01/04)