

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC -6 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000056539**
1. Corporation Name **AFFORDABLE CONCRETE CUTTING, INC.**

2. Principal Office Address
9784 GRANDE VERDE WAY
Suite, Apt. #, etc.
#607
City & State
BOCA RATON, FL.
Zip
33428 Country
U.S.A.

3. Mailing Office Address
9784 GRAND VERDEWAY
Suite, Apt. #, etc.
#607
City & State
BOCA RATON, FL.
Zip
33428 Country
U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida **6-1-99**

5. FEI Number
136-72-5934 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
JUAN A. CASTRO III **300004729813--5**
Street Address (P.O. Box Number is Not Acceptable)
9784 GRAND VERDE WAY **-12/18/01--01016--013**
Suite, Apt. #, Etc.
#607 *****\$300.00 ***\$100.00**
City
BOCA RATON, FL State
FL Zip Code
33428

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 **Juan A. Castro III** Date **12-03-01**
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
CEO	JUAN A. CASTRO III	9784 GRAND VERDEWAY	BOCA RATON, FL. 33428

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: **Juan A. Castro III** Date **12-3-01** Daytime Phone # **954-646-2357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR