

APPLICATION  
FOR  
REINSTATEMENT



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

**1. Corporation Name**

**UNITED PRE-CAST INSTALLERS, INC.**

Principal Place of Business

Mailing Address

~~75 S.E. 10TH STREET~~  
~~DEERFIELD BEACH FL 33441~~

~~75 S.E. 10TH STREET~~  
~~DEERFIELD BEACH FL 33441~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1398 SW	2	errace
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1398 SW 12 Terrace

City & State  
Boca Raton, FL

City & State Boca Raton FL

Zip	Country
33486	USA

Zip 33486	Country USA
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4. Date Incorporated or Qualified To Do Business in Florida

07/13/1999

5. FEI Number

Applied For

56-194-8225

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
D, P	TOMEI, ALBERTO	<del>75 S.W. 10TH STREET</del> 1121 S.W. 16 Street	<del>DEERFIELD BEACH FL 33441</del> Boca Raton, FL 33486
m	Loretta Romeo	1398 S.W. 12 Terrace	Boca Raton, FL 33486
VP	Gina Tomei	1121 S.W. 16 Street	Boca Raton, FL 33486
			500004448095--7
			-06/27/01--01046--027
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

Name: \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

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)(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 #