

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 OCT -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000065166

1. Corporation Name

Ivie Concrete Const. Inc

2. Principal Office Address

2238 Dover Rd

Suite, Apt. #, etc.

City & State

Dover, FL

Zip

33527

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

65-0937934 SP

5. FEI Number

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

Joseph L Ivie

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

2238 Dover Rd

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

83527

100003417751-8

-10/06/00-01130-020

***750.00 ***750.00

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

Joseph L Ivie

REGISTERED AGENT MUST SIGN

Date Oct 2, 2000

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	Joseph L Ivie	2238 Dover Rd	Dover, FL 33527
Vice President	Rhonda R Ivie	2238 Dover Rd	Dover, FL 33527
Treasurer	Debra A Woodal	5608 Knight Griffin	Plant City, FL 33610

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:

Joseph L Ivie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 2

Date

(813) 659-9614

Daytime Phone #