


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 PM 3:07

CORPORATION REINSTATEMENT



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

DOCUMENT # 999000073850

1. Corporation Name
RICHARD THACKER CONCRETE PUMPING INC

2. Principal Office Address <u>5421 BROOKMEADE DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>SARASOTA FLORIDA</u>		City & State	
Zip <u>34232</u>	Country <u>SARASOTA</u>	Zip	Country

REINSTATEMENT 03
00-01

4. Date Incorporated or Qualified To Do Business in Florida Aug 13 1999

5. FEI Number 650947616 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 RICHARD THACKER 100004721341-7

Street Address (P.O. Box Number is Not Acceptable) 5421 BROOKMEADE DR -12/12/01-01083-011
SARASOTA FL 34232 ***908.75 ***908.75

Suite, Apt. #, Etc.

City SARASOTA State FL Zip Code 34232

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 Richard C. Thomas Date 11-15-01

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
<u>P, V, O</u>	<u>RICHARD THACKER</u>	<u>5421 BROOKMEADE DR</u>	<u>SARASOTA FL 34232</u>

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)(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: Richard C. Thomas 11-15-01 809-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)