

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000073850

1. Corporation Name

Richard Thacker Concrete Pumping Inc

2. Principal Office Address

5421 Brookmeade Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34232

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

AUG 13 1977

5. FEI Number

65-0947616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

RHONDA GLADEN

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

5421 BROOKMEADE DR

Suite, Apt. #, Etc.

City

SARASOTA FL

State

FL

Zip Code

34232

300028152953

02/03/04--01053--026 **1058.75

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

Rhonda Gladen

Date 1-20-04

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
PRES	Richard Thacker	Same as above	Same as above

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:

Richard C Thacker

1-20-04 (941) 724-3231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Handwritten mark