PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 UB2

APPLICATION FOR REINSTATEMENT

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

103

FILED
00 OCT 17 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/20/00 900101029 $150.00

DOCUMENT # P99000079286

1. Corporation Name

ANDERS CONCRETE PUMPING, INC.

Principal Place of Business	Mailing Address
301 MARCO LAKE DR. MARCO ISLAND FL 34145	301 MARCO LAKE DR. MARCO ISLAND FL 34145

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.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1999

5. FEI Number: 65-094-7587 ☐ Applied For ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ANDERS, JERRY N	301 MARCO LAKE DR.	MARCO ISLAND FL 34145

LS

8. Name and Address of Current Registered Agent

ANDERS, JERRY N
301 MARCO LAKE DR.
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

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: Jerry N. Anders Date: 10-13-00
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: Jerry N. Anders 10-13-00 9 41642 4807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
P9900007998
F00068401 7-14-00
2 of 3

this is my first uniform Business Report I have gotten, I call 7-13-00 they told me to send $150.00 because I never recieved the first Notice

Thank you
Jay Andus

10-13-00

TO Whom it may Concern

I have sent in a check for 150.00 for this once it has been cashed and got nothing back for that I don't understand what this about I have already paid this once

Thank you
Jerry Andrew