

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR -3 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P99000105227

1. Corporation Name Jackson Concrete Placing & Etc., Inc.

2. Principal Office Address

1612 Ray Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

Palm Beach

3. Mailing Office Address

1612 Ray Street

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

Palm Beach

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1999

5. FEI Number

59-0994420

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

Max J. Kolshak

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

2326 S. Congress Avenue

Suite, Apt. #, Etc.

Suite 1C

City

West Palm Beach

State

FL

Zip Code

33406

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

Date

3/26/03

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
PD	Leroy Jackson	1612 Ray Street	Lake Worth, FL 33460

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04/03/03--01047--006 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

Daytime Phone #

561 582 4706

21 4/4