

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 28 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105370

1. Corporation Name

Diaz Concrete Pumping Co.

2. Principal Office Address

10658 Anderson Lane

~~XXXXXXX FL XXXX 33467 XXXX WORTH FL XXXX 33467~~
Suite, Apt. #, etc.

3. Mailing Office Address

10658 Anderson Lane

~~XXXXXXX FL XXXX 33467 XXXX WORTH FL XXXX 33467~~
Suite, Apt. #, etc.

City & State

Lake Worth, Fl.

City & State

Lake Worth, Fl.

Zip

33467

Country

USA

Zip

33467

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/02/99.

5. FEI Number

65-0974729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-02

7. Name and Address of Current Registered Agent

Name

Craig U. Kahle CPA PA

700004884197-0

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

1501 Presidential WAY Suite #16

02/07/02 01006-002

***1085.00 ***1085.00

Suite, Apt. #, Etc.

Suite #16

City

West Palm Beach

State

FL

Zip Code

33401

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 1/24/02

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.	Marco A. Diaz	10658 Anderson Lane	Lake Worth, Fl. 33467

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:

Marco A. Diaz

01/10/02.

(561) 722-3483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #