
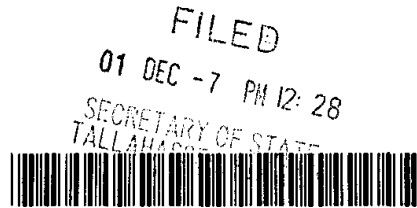


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000106651			
1. Corporation Name CONCRECEL LIGHTWEIGHT CONCRETE, INC.			
Principal Place of Business 10220 N.W. 47TH STREET SUNRISE FL 33351		Mailing Address 5201 S.W. 113 AVENUE FT. LAUDERDALE FL 33330	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 1059 NE 43rd ST Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State OAKLAND Park		City & State	
Zip 33334	Country Broward	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/09/1999		5. FEI Number 65-0975911	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MUZICKA, THOMAS A	<del>25 SE 2ND AVENUE SUITE 220</del>	<del>MIAMI FL 33131</del>
		1059 NE 43rd ST	OAKLAND PARK FL 33334
		800004737828--8	-12/26/01--01018--006
		***750.00	***750.00
REINSTATEMENT 01-17-01			
8. Name and Address of Current Registered Agent MUZICKA, THOMAS A <del>25 SE 2ND AVENUE SUITE 220</del> <del>MIAMI FL 33131</del>		9. Name and Address of New Registered Agent Name Muzicka Thomas A Street Address (P.O. Box Number is Not Acceptable) 1059 NE 43rd ST Suite, Apt. #, Etc. City OAKLAND Pk FL State FL Zip Code 33334	
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  Date 10-17-01 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: 		10-17-01 954 818 3052 Date Daytime Phone #	



CR2E040 (8/01)