

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 14 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109719

1. Corporation Name

Concrete Contractors of Boca Raton Corp.

2. Principal Office Address

23181 Fountainview Rd.

Suite, Apt. #, etc.

Unit F

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

23181 Fountainview Rd

Suite, Apt. #, etc.

Unit F

City & State

BOCA RATON, FL

Zip

33433

Country

USA

**REINSTATEMENT 02-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1999

5. FEI Number

650968366

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

Preea Lensen

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

7000 W. Palmetto PARK RD

Suite, Apt. #, Etc.

Suite 502

City

BOCA RATON

State

FL

Zip Code

33433

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

Preea Lensen

Date 1/10/2005

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.	Bruce Cavossa	23181 Fountainview Rd	Boca Raton, FL 33433

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:

Bruce Cavossa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/2005 (861) 362-8123

Daytime Phone #



## King & Lenson

Certified Public Accountants  
Accounting • Tax • Business Services

January 10, 2005

Florida Dept of Revenue  
PO Box 6327  
Tallahassee, FL 32314

Re: Concrete Contractors of Boca Raton

To Whom It May Concern:

As per our telephone conversion on Monday, January 10, 2005, I am enclosing a check in the amount of \$ 600.00. I am requesting the reinstatement of the Concrete Contractors of Boca Raton. My client never received the annual report as it was sent to the attorney that filed the original articles. The address is also incorrect. I have enclosed a reinstatement of the annual report form.

Thank you for your attention in this matter, Please do not hesitate to contact this office with any questions.

Sincerely,

Preela Lenson, CPA  
King & Lenson, CPAs