

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED
00 JUN -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 46001**

1. Corporation Name

CITY CONCRETE CONSTRUCTION CO
3192 JAMEY RD
TALLAHASSEE FL 32303

2. Principal Office Address

3192 Jamey Rd
Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 37159
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

USA

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

'92

5. FEI Number

59-3130145

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

PATRICIA M CLORE

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

3192 JAMEY RD
Suite, Apt. #, Etc.

300003273393--0

-06/01/00--01015--16

*******900.00 *****900.00**

City

TALLAHASSEE

State

FL

Zip Code

32303

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**

PATRICIA M CLORE

REGISTERED AGENT MUST SIGN

Date

6-1-2000

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
CEO	F E CLORE	2002 Fannie Dr	Tallahassee, FL 32303
Pres	PATRICIA M CLORE	3192 Jamey Rd	Tallahassee FL 32303
		REINSTATEMENT 99+2000	

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:

PATRICIA M CLORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-00

Date

487-2630

Daytime Phone #

CR2E081 (9/99)