


APR 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 APR -5 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H 79611*

1. Corporation Name
H J Fields Concrete Service, Inc

2. Principal Office Address
3266 Glendyne Dr E.

3. Mailing Office Address
3033-1 Hartley Rd

Suite, Apt. #, etc.

City & State
Jacksonville FL *Jacksonville, FL*

Zip Country
32216 Duval *32257 Duval*

4. Date Incorporated or Qualified To Do Business in Florida
9/15/85

5. FEI Number
59-2601660

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
R J Huisinga *100005308121*

Street Address (P.O. Box Number is Not Acceptable)
3033-1 Hartley Road *04/19/02 01045-021*

Suite, Apt. #, Etc.
*****450.00 ****450.00*

City
Jacksonville State *FL* Zip Code *32257*

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 *[Signature]* Date *1/31/02*

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	<i>H. J. Fields</i>	<i>3266 Glendyne Dr E</i>	<i>Jacksonville, FL 32216</i>
V-P	<i>Yvonne Fields</i>	<i>3266 Glendyne Dr. -E.</i>	<i>Jacksonville, FL 32216</i>
Sec	<i>Katrina Fields</i>	<i>3266 Glendyne Dr E.</i>	<i>Jacksonville, FL 32216</i>

00-02 UBR, TS

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: *Harold Fields* *Harold Fields* *3/1/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)