

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB 22 AM 10:26

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO7000036579  
1. Limited Liability Company's Name  
SHADS CONCRETE SOLUTIONS LLC

800170050778  
02/22/10--01005--020 \*\*\$16.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>17224 ORIOLE RD</u>		3. Mailing Office Address <u>9651 SHADOW OAK LN.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. MYERS FL</u>		City & State <u>N. Ft. MYERS FL</u>	
Zip <u>33912</u>	Country <u>U.S.</u>	Zip <u>33917</u>	Country <u>U.S.</u>

4. State/Country of Formation <u>FL US</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6-13-2000</u>	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>SHAD DEAN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>17224 ORIOLE RD</u>			
Suite, Apt. #, Etc.			
City <u>FT. MYERS</u>	State <u>FL</u>	Zip Code <u>33912</u>	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Shad Dean

Date 2-16-10

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHAD DEAN	17224 ORIOLE RD	FT MYERS FL 33912
MGR	JAMES HAGIC	9651 SHADOW OAK	N. FT. MYERS FL 33917

REINSTATEMENT 2008-2010

11. E-mail Address: JTHAGIC@EMBARGMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager James Hagic

Date 2-16-10

Daytime Phone # 239-872-0615

Typed or printed name of signing Managing Member/Manager JAMES HAGIC