PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

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155691

1. Corporation Name

R.C. MARTIN CONCRETE PRODUCTS, INC.

Principal Place of Business

Mailing Address

FILED 00 APR 10 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

\$10380X4286X XPXXX		XPXOXBOX 268	O BOX 20557 XXXBOX 2580 X								
SARASOTA FL 34276 SARASOTA F US 34276 US						reins	TATEME	NT	09/10		
		incorrect in any way, line thr									
	•	Address, If Applicable	3. New Mailir	ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 08/11/1948				
	_Box_2	0557		Box 20557							
Suite, Apt.			Suite, Apt. #,			5 55())					
	sota,	FL		sota, FL		5. FEI Number		Ļ	Applied For		
City & State			City & State				59-0586577	į	Not Applicable		
3423	6		3423	6		6		00.25			
Zip Country Zip		Zip	Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status						
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporat	ions must list at lea	ast 3 directors)	,			
	1	Name of Officers			Street Address of Each						
Title(s) 1	and/or Directors		Officer and/or Director			•	City / State / Zip				
TD	MARTIN, F	MARTIN, FRANK 6520 MCKOWN			KOWN F	RD.	SARASOTA FL				
CEOD	MARTIN,R C JR			5325 SIESTA CT.			SARASOTA FL				
PD	MARTIN, PATRICIA A		1343 LANDINGS DR				SARASOTA FL				
VD	MARTIN, ROBERT D			606 BAYSHORE RD				OSPREY FL			
						1.05 %.	80	000321: -04/19/00-	-01008	85 001	
								***1258.7!	5 *** S	*300.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
MARTIN JR., R. C.				Name							
			Street Address (P.O. Box Number is Not Acceptable)						
fx0x80X20557 x 53 2 5 Siesta Court				9000008/3991/31							
SARASOTA FL 34276 Sarasota, FL 3429			Suite, Apt. #, Etc		-03/72/01-101/58001						
			City				*** ສຳ ຂ້າ ຂໍ້າ ເລື່ອນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົນ ຄົ				
10. I, being	appointed th	e registered agent of the abo	ove named corpo	ration, am f	amiliar wit	h and accept the o	bligations of Secti	ion 607.0505, F.S.			
	Signature of Registered Agent — Qualified Page 15/00										
		ŘĪ	GISTERED AG	ENT MUST	SIGNO					ł	

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.