PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 26 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02

DOCUMENT # 155691

1. Corporation Name

R.C. MARTIN CONCRETE PRODUCTS, INC.

2. Principal Office Address	**3.** Mailing Office Address
P.O. Box 20557	P.O. Box 20557
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34276 Country: USA	Zip: 34276 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1948

5. FEI Number: 59-0586577 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Richard C. Martin

Street Address (P.O. Box Number is Not Acceptable): 5325 Siesta Court

600009225796
11/26/02 01061 011 **750.00

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34242

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: Richard C Martin Date: 11/25/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
CEOD	Richard C. Martin	5325 Siesta Court	Sarasota, FL 34242
PD	Patricia A. Martin	1343 Landings Drive	Sarasota, FL 34231
TD	Frank W. Martin	6520 McKown Road	Sarasota, FL 34240
VD	Robert D. Martin	1785 Frays Mill Road	Ruckersville, VA 22968

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 A Martin 11/25/02

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

PATRICIA A. MARTIN