PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 NOV 23 PM 2: 49 DOCUMENT # 839371 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DEKALB CONCRETE PRODUCTS, INC. Principal Place of Business Mailing Address 2301 DUPONT DRIVE 13620 LINCOLN WAY IRVINE_CA 92612 AUBURN CA 95603 US US If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 10/25/1977 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FFI Number Applied For 1185 TURNER 58-1163998 City & State Not Applicable TOCC \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED [3053B VS 305 ับS 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) C FABIAN, RICHARD G. 13620 LINCOLN WAY, STE. 380 AUBURN CA DP WEST, GEORGE S. 2301 DUPONT DRIVE, SUITE 100 IRVINE CA ĐV 2301 DUPONT DRIVE, SUITE 100 IRVINE CA-HAHNE, WALTER 8. δγρτς₹ STOCKBRIDGE, KARL M. AUBURN CA 13620 LINCOLN WAY, SUITE 380 VP. BARNES, JOSEPH U. 2301 DUPONT DRIVE, SUITE 100 IRVINE-CA-TURNER ROAD 3408 HIGHWAY 17 NORTH ρ ERIC B. WHEELER GREEN COUR SPRINGS, FL 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 12/04/98--01112--007 Suite, Apt. #, Etc. PLANTATION FL 33324 ****758.00 ****750.00 ... Čítv 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. NOTES REQUIRENT MORRIS Signature of Registered Agent REGISTERED AGENT MUST SIGNSSISTANT VICE PRESIDENT This corporation owes or has paid the current year

12. 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 filling 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.

Yes 🔀

No

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR
KARL M. STOCKBRIDGE

Intangible Personal Property tax due June 30.

11-12-98

Daytime Phone #