

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 21 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD2000005014

1. Corporation Name

JTM Concrete Inc

2. Principal Office Address

1315 Ranchwood Trail

Suite, Apt. #, etc.

Suite 100

City & State

Canton GA

Zip

30115

Country

USA

3. Mailing Office Address

1315 Ranchwood Trail

Suite, Apt. #, etc.

Suite 100

City & State

Canton GA

Zip

30115

Country

USA

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

582444592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Potts

Street Address (P.O. Box Number is Not Acceptable)

1597 Live Oak Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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

Mark Potts

Date

8-18-06

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
Pr/s	Mark A Potts	1315 Ranchwood Trail	Canton GA 30115
Man	John W Potts	1597 Live Oak Drive	Jacksonville, FL 32206

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08/23/06--01/02/07--012 **1208.75

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 contained in Chapter 119, 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:

Mark Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-06

Date

6784936998

Daytime Phone #