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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	FILED  02.AUG.26AMII: 55
DOCUMENT # 78-139		SECRETARY OF STATE TALLAHASSEE, FLORIDA
B&B Concrete, Inc		*
2. Principal Office Address 2325 SAUA ROM	3. Mailing Office Address 3825 TAVA PLUM	2000075138626 -09/04/0201042026 ***1776.25 ***1776.25
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Storwsoto, PL	SAMSTA 2 PL	5. FEI Number Applied For Not Applicable
Zip Country	34232. Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
city SAMAGOT	TA & AT	State Zip Code FL 34232
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 REGISTERED ASSENT MUST SIGN  Date		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
? Steve bu	1268 SESTAUA PAU	im-Aug Sarasota, PL 3-032
		M
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 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.  SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

to whom it may concern 292 I Have never received most reparding this second 124 mg rewhize my former recontant had not laken core of this. Check is inchosed per our telephone con ver sation P.S. I HAVE BEEN At my present boldness 9413