

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 26 AM 9:50

CORPORATION REINSTATEMENT

DOCUMENT # F95000005998

1. Corporation Name
 Mar-Allen Concrete Products, Inc.

2. Principal Office Address
 490 Millway Road

3. Mailing Office Address
 "Same"

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 Ephrata, PA

City & State

Zip 17522 Country USA Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1995

5. FEI Number 232005143 Applied For Not Applicable

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

9801

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation State FL Zip Code 33324

80000471749B-4
 -12/10/01-01112-021
 ***1208.75 ***1208.75

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 *Ann J. Williams* ANN J. WILLIAMS Assistant Vice President Date 10/17/01
 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
P.	Jeffrey L. Zimmerman	225 S. Conestoga View Dr	Akron, PA 17501
VP	Rozanne Zimmerman	204 S. Conestoga View Dr	Akron, PA 17501

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)(f), 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: *Jeffrey L. Zimmerman* Jeffrey L. Zimmerman 10/10/01 717-859-4921
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000001 (P.00)