

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J95608	
1. Entity Name D & M CONCRETE INC.	



FILED

07 JUN -7 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 REIN-P CR2E098 (1/07)

Principal Place of Business 11271 DEMPSEY ROAD BROOKSVILLE, FL 34601		Mailing Address 11271 DEMPSEY ROAD BROOKSVILLE, FL 34601	
2. Principal Place of Business - No P.O. Box # 25406 LADYHAWK LANE		3. Mailing Address 25406 LADYHAWK LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34601	Country	Zip 34601	Country

4. FEI Number 59-2857662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLOWERS, DAVID 11271 DEMPSEY RD BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name FLOWERS, DAVID Street Address (P.O. Box Number is Not Acceptable) 25406 LADYHAWK LANE City BROOKSVILLE FL Zip Code 34601	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE 5/31/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FLOWERS, DEBBIE 11271 DEMPSEY RD BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T FLOWERS, DAVID 25406 LADYHAWK LANE BROOKSVILLE, FL 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104065725 06/07/07--01041--008 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE:	DAVID FLOWERS	DATE 5/31/07	352-796-2361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #