PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-13083

1. Limited Liability Company's Name
Hill's Concrete Pumping, LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
2610 NE 39th Avenue	2610 NE 39th Avenue
Suite, Apt. #, etc.: –	Suite, Apt. #, etc.: –
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32609 Country: USA	Zip: 32609 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/06/2000

6. FEI Number: 59-3682629 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Kristie L. Hill

Street Address (P.O. Box Number is Not Acceptable): 10524 NE County Road 1469

Suite, Apt. #, Etc.:

City: Earleton State: FL Zip Code: 32631

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kristie Hill Date: 11/02/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	J. Michael Hill, Jr.	2610 NE 39th Avenue	Gainesville, FL 32609
Managing Member	William K. Hill	2610 NE 39th Avenue	Gainesville, FL 32609

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: J. Michael Hill Date: 11/06/01 Daytime Phone #: 352-376-8072

Typed or printed name of signing Managing Member/Manager: J. Michael Hill, Jr.