

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
**L01000019442**

FILED

02 DEC 26 AM 9:32

1. DOCUMENT # L01000019442

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008459 01 FP 0.352 \*\*PRSR H6 0 0615 33134-430412



E-OFFICE, LLC  
312 MINORCA AVENUE  
CORAL GABLES FL 33134-4304

800008780508  
11/04/02--01058--006 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 312 MINORCA AVENUE CORAL GABLES FL 33134		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/09/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 90-0002510 Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> GARCIA, WILLIAM 201 ALHAMBRA CIRCLE, SUITE 500 CORAL GABLES FL 33134		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10.</b> 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: <i>[Signature]</i> Date: _____ REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TECH CONCRETE, INC.	312 MINORCA AVENUE	CORAL GABLES FL 33134
<b>REINSTATEMENT</b>			

CR2E084 (8/02)

**12.** 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: *[Signature]* Date: 12/30/02 Daytime Phone # 205 519 2255

Typed or printed name of signing Managing Member/Manager