

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010632

1. Limited Liability Company's Name

K & K CONCRETE Pumping, L.L.C.

2. Principal Office Address

3495 SE 56th St.

Suite, Apt. #, etc.

3. Mailing Office Address

3495 SE 56th St.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

Marion

Zip

34480

Country

marion

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05-03-02

6. FEI Number

5.93195697

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

Mike Mobley

Street Address (P.O. Box Number is Not Acceptable)

3495 SE 56th St

Suite, Apt. #, Etc.

City Ocala,

State
FL

Zip Code

34480

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

Mike Mobley

Date

8-26-04

REGISTERED AGENT MUST SIGN

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
MGR	Mike Mobley	3495 SE 56 th St.	Ocala, FL 34480

REINSTATEMENT

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

Mike Mobley

Date

8-26-04

Daytime Phone #

352-598-7917

Typed or printed name of signing Managing Member/Manager

Mike Mobley

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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