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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 9:57

1. DOCUMENT # L02000031233

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010383 01 AT 0.292 **AUTO HB 0 0615 33830-938411



PRO CONCRETE CONSTRUCTION, L. L. C.
4311 CAROLYN WAY
BARTOW FL 33830-9384

700032095027
04/07/04--01041--001 **200.00



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/21/2002	
Principal Place of Business 4311 CAROLYN WAY BARTOW FL 33830 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 74 3069786	Applied For Not Applicable
8. Name and Address of Current Registered Agent KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND FL 33801		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
10. 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 3-23-04	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHRISTNER, GEORGE	4311 CAROLYN WAY	BARTOW FL 33830
MGR	LANGFORD, KEITH	155 MOSLEY RD.	LAKE ALFRED FL 33850
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 <i>[Signature]</i>		Date 3-23-04 Daytime Phone # 863-698-9952	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)