


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000052497		
1. Entity Name PHILLIP MORRIS CONCRETE, LLC		

Principal Place of Business 112 WAYNE AVENUE FORT WALTON BEACH, FL 32548	Mailing Address 112 WAYNE AVENUE FORT WALTON BEACH, FL 32548
--	--

2. Principal Place of Business - No P.O. Box # <i>107 Merle Circle</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Fort Walton, FL</i>	City & State
Zip <i>32547</i>	Country <i>okaloosa</i>

6. Name and Address of Current Registered Agent BEAUREGARD, SIDNEY B III 548 MARY ESTHER CUTOFF SUITE 18 FORT WALTON BEACH, FL 32548	
--	--

FILED
07 OCT 22 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10112007 REIN-LLC CR2E101 (1/07)

4. FEI Number 80-0098846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name <i>Phillip Morris Concrete LLC</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>107 Merle Circle</i>	
City <i>Fort Walton</i>	FL Zip Code <i>32547</i>

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 *Phillip Morris* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORRIS, PHILLIP R 112 WAYNE AVENUE FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>900111083533</i> <i>10/22/07--01012--005 **150.00</i>
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
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

REINSTATEMENT

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Phillip Morris* 10/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #