

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		TMENT OF State	STATE	20	FILED 12 MAY 14 AM 8: 12
DOCUMENT # LO3000055590 1. Limited Liability Company's Name			- SEGRETARY OF STATE TALLAHASSEE, FLORTDA		
Robert DANiels					
Concrete LLC			8	UO23457U455 4/12- 战₩% ™798 **516.00	
2. Principal Office Address - No P.O. Box # 3. Mailing Of		ffice Address			
F・い 角 Suite, Apt. #, etc. Suite, Apt. #,		etc.		4. State/Country of Formation FL U.S.A.	
City & State	& State City & State			5. Date Organized or Qualified To Do Business in Florida 12/23/03	
				6. FEI Number	
32547 U.SA.	Zip	Country 3	2547	7.	OF STATUS DESIRED S5.00 Admittonal Fee required to a Certificate of Status
8. Name and Address of Current Registered Agent				E-mail Address:	
Robert DANIELS					
Street Address (P.O. Box Number is Not Acceptable) 6 Tangle Wood Circle #					
Suite, Apt. #, Etc.					
City F, W.B. FC		State Zip	Code	(To be used for future annual report notices)	
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.					
Registered Agent Solution Registered Agent Must sign				Date 05 - 01 - 12	
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Manager			City / State / Zip
GRM Robert Daniels & Tar		Tangle	LJ&Z	b cir	F.W.R. FL 32547
					NSTATEMENT 2012
	J. SAULSBERRY EXAMINER			KL	2010-
	MAY 1 6 2012			<u> </u>	
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager Out Date 05-01-12 Daytime Phone # 217-2871					
Typed or printed name of signing Managing Member/Manager					