


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 DEC 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000057580					
1. Entity Name ELITE CONCRETE, LLC					
Principal Place of Business 4027 BALLARD RD TALLAHASSEE, FL 32310			Mailing Address 4027 BALLARD RD TALLAHASSEE, FL 32310		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		



12192005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PORCHE, EDWARD 4027 BALLARD RD TALLAHASSEE, FL 32310				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
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.							
X SIGNATURE: <i>Edward Porche</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORCHE, EDWARD			NAME			
STREET ADDRESS	4027 BALLARD RD			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32310			CITY-ST-ZIP			
TITLE	ELITE CONCRETE, LLC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Edward Porche			NAME			
STREET ADDRESS	1104 BASIN ST 32304			STREET ADDRESS			
CITY-ST-ZIP	TALL, FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

300062435513
12/28/05--01011--010 **\$50.00

REINSTATEMENT

OK

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

X SIGNATURE: *Edward Porche*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #