

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000057583

1. Limited Liability Company's Name

POUR GUYS CONCRETE L.L.C

200066209572
02/20/06--01059--021 **250.00
CR2E041 (8/05)

2. Principal Office Address

834 1/2 DELAWARE ST.
Suite, Apt. #, etc.

3. Mailing Office Address

834 1/2 DELAWARE ST.
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32304

Country

LEON

City & State

TALLAHASSEE, FLORIDA

Zip

32304

Country

LEON

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

651150290

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

DERIC GAINES

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

834 1/2 DELAWARE STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32304

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

Heire Daines

Date

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
<u>MGRM</u>	<u>DERIC GAINES</u>	<u>834 1/2 DELAWARE</u>	<u>TALLA. FL. 32304</u>

REINSTATEMENT

2004-2006

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

Heire Daines

Date

2-16-06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager