


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057583	
1. Entity Name POUR GUYS CONCRETE, LLC	

**FILED**

09 APR 29 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 834 1/2 DELAWARE ST TALLAHASSEE, FL 32303	Mailing Address 834 1/2 DELAWARE ST TALLAHASSEE, FL 32303
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country <b>LEON</b>	Zip	Country <b>LEON</b>

04282009 REIN-LLC CR2E101 (1/07)

4. FEI Number 65-1150290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  GAINES, DERIC 834 1/2 DELAWARE ST TALLAHASSEE, FL 32303
--

7. Name and Address of New Registered Agent Name <b>DERIC GAINES</b> Street Address (P.O. Box Number is Not Acceptable) <b>834 1/2 DELAWARE STREET</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32304</b>
---

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 <i>Deric Gaines</i> DATE <b>4-29-09</b>

<b>FILE NOW!!! FEE IS \$277.50</b>	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
------------------------------------	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAINES, DERIC 834 1/2 DELAWARE ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600153736446</b> <b>04/29/09--01004--019 **277.00</b> <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
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**

**08-09**  
**just**

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: <i>Deric Gaines</i> <b>DERIC GAINES</b> DATE <b>4-29-09</b> (850) 509-3041	