2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000013671						FILED			
1. Entity Name ADVANCED CONCRETE LLC						06 APR 14 AM 10: 17			
Principal Place of Business 9032 BROKENLANCE DR TALLAHASSEE, FL 32312			Mailing Address 9032 BROKENLANCE DR TALLAHASSEE, FL 32312			SECRETARY OF STATE TALL AHASSEE, FLORIDA			
2. Principal P	lace of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142006	REIN-LLC	CR2E101 (11/05)	
City & State			City & State			4. FEI Numb	per	<u> </u>	pplied For ot Applicable
Zip	Country		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
1	6. Name	and Address of Current I	egistered Agent Name		Name	7. Name and Address of New Registered Agent			
9032 BRO	KENLANC				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32312									
				City			FL Zip Cod		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$100.00 In accordance with s. 6 liability company did no					93(2)(b), F.S., to beive the prior no	(b), F.S., the limited Make check payable to he prior notice. Make check payable to Florida Department of State			
9. MANAGING MEMBE			RS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE NAME	MGRM FOX, MARTIN R		☐ Delete	TITL!				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9032 BRC	OKENLANCE DR SSEE, FL 32312		STRE	ET ADDRESS -ST-ZIP				
TITLE	MGRM Delete			TITL	E			☐ Change	☐ Addition
NAME STREET ADDRESS	3029 PEMBERTON CT				EET ADDRESS	800073764478			
CITY-ST-ZIP TITLE					ST-ZIP	05/03/0601001005 **100.00 Jesse J-ox Change Maddition 9032 BrokenLance Or. Tallahassee FL 32312			
NAME				NAM		esse	rox		<u> </u>
STREET ADDRESS CJTY-ST-ZIP	34"				EET ADDRESS 7	Mahasi	ree FL	ce Ur. 30319	
TITLE			☐ Defete	TITL	E			☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS				
CITY ST ZIP	127	ATEMENT	2005-2006		-ST-ZIP			Character Character	
NAME	4211	W I FIAIFIA I	**************************************	NAM	I			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP				
TITLE			☐ Delete	TITE				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS				ļ
CITY-ST-ZIP		a information area and a training	this filing standard and a self-		-ST-ZIP	dia Charter 112) Floride Otat to 11	inthon on Alfa the Auto Co	armatic -
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 reference rustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: West FAX 4-14-06									
SIGNATURE:									