2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000031650

1. Entity Name
TONY'S CONCRETE, LLC

Filed
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 AM 9:41

Principal Place of Business	Mailing Address
1601 LOT B JAMES AVE PANAMA CITY, FL 32405 US	1601 LOT B JAMES AVE PANAMA CITY, FL 32405 US

1012005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
1601 Lot B James Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Fl.	City & State
Zip: 32405 Country: Bay	Zip / Country

4. FEI Number: Applied For ☐ / Not Applicable ☑

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THARP, ANTONIO 1601 LOT B JAMES AVE PANAMA CITY, FL 32405	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.

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 $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete THARP, ANTONIO 1601 LOT B JAMES AVE PANAMA CITY, FL 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600067304636 03/07/06--01018--021 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600067304636 03/07/06--01018--022 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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.

SIGNATURE: Antonio Tharp 1/20/6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #