

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
200. w

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO4000036874

1. Corporation Name

AG Concrete Contractor, LLC

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

3430 Pacetti Rd N

" "

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST AUG FL

Zip 32092 Country NORTH AMERICA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

1984

5. FEI Number

59 2462782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW GESHINSKY

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

3430 Pacetti Rd N

Suite, Apt. #, Etc.

City

ST AUG

State

FL

Zip Code

32092

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date 3/5/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>OWNER</u>	<u>ANDREW GESHINSKY</u>	<u>3430 Pace Hi Rd N</u>	<u>ST AUG FL 32092</u>
			<u>700095789917</u>
			<u>04/04/07--01026--018 **250.00</u>
			<u>REINSTATEMENT 06-07</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

ANDREW GESHINSKY P

3-5-07

Date

904-7371558

Daytime Phone #