

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:46

DOCUMENT # L04000043009 1. Entity Name ALL STAR CONCRETE PUMPING, LLC			
Principal Place of Business 7380 ALBANY RD FORT MYERS, FL 33912		Mailing Address 7380 ALBANY RD FORT MYERS, FL 33912	
2. Principal Place of Business 3715 35th S.W. Suite, Apt. #, etc.		3. Mailing Address 3715 35th S.W. Suite, Apt. #, etc.	
City & State Lehigh Acres, FL Zip 33971 Country		City & State Lehigh Acres, FL Zip 33971 Country	
4. FEI Number 562461306		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 TORRES, GABRIEL 7380 ALBANY RD FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Gabriel Torres Street Address (P.O. Box Number is Not Acceptable) 3715 35th S.W. City Lehigh Acres FL Zip Code 33971	
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 <u><i>Gabriel Torres</i></u> DATE <u>2-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GABRIEL 7380 ALBANY RD FORT MYERS, FL 33912	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, NERY M 7380 ALBANY RD FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL ARNELIO TORRES 3715 35th SW Lehigh Acres, FL 33971	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL ARNELIO TORRES 3715 35th SW Lehigh Acres, FL 33971	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABRIEL ARNELIO TORRES 3715 35th SW Lehigh Acres, FL 33971	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Gabriel Torres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2-27-06</u> (39)303-0036 <small>Daytime Phone #</small>	