2006 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				SEON F	ll En	
DOCUMENT # L04000043009				DIVISION OF O	Y OF STATE	
1. Entity Name				TON UF C	ORPORATE	
ALL STAR CONCRETE PUMPING, LLC				06 MAR -3	************************	S
			5)	3	AM 10: LC	
Principal Place of Business	Mailing Address	<u> </u>			70	
7380 ALBANY RD	7380 ALBANY RD		İ			
FORT MYERS, FL 33912	FORT MYERS, FL 33912	2				
)	1/210 11 ATIJE 1/10	
2. Principal Place of Business ST	3. Mailing Address	ist C1.	<u>, </u>			
<u> </u>	3'/\5 3'	5 ⁵⁷ 5.10	7 di			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02272006	REIN-LLC	CR2E101 (11/05)	
City & State	City & State		4. FEI Numb	per I I C 10 0	App	lied For
Lehigh Acres, FL	<u> Levigh A</u>	cres, F	<u> </u>	12-16130	~	Applicable
Zip Country	14601 1	Country	5. Certificate	of Status Desired	☐ \$5.00 Addit	lonal
6. Name and Address of Curren	it Registered Agent		7. Name an	d Address of New Regis	•	
		Name	Con bois	1 Torr	p 4	
TORRES, GABRIEL 7380 ALBANY RD		Street Add	Iress (P.O. Box Numb	per is Not Acceptable)		
FORT MYERS, FL 33912				7 1 - 1		
		[`37\	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N.C. 10		
		City	1 chic	ila Acces	FL Zip Code	14/25
8. The above named entity submits this statement	for the purpose of changing its r	egistered office or re	egistered agent, or be	oth, in the State of Florida	a. I am familiar with, ar	nd accept
the obligations of registered agent	- /				_	
SIGNATURE SIGNATURE	uca			. ح	27-06 DATE	
Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating	11	DAIE	
511 5 NOWALL 555 10 6000 00				Make c	heck payable to	
FILE NOW!!! FEE IS \$200.00	: :				epartment of State	
9. MANAGING MEME	BERS/MANAGERS	10.			epartment of State	
	BERS/MANAGERS	10.		Florida De	epartment of State	☐ Addition
9. MANAGING MEME TITLE MGRM NAME TORRES, GABRIEL		TITLE NAME	371 5 36	ADDITIONS/CH	epartment of State	☐ Addition
9. MANAGING MEME TITLE MGRM NAME TORRES, GABRIEL STREET ADDRESS 7380 ALBANY RD		TITLE NAME STREET ADDRESS	3715 35	Florida Do ADDITIONS/CH	epartment of State	Addition
9. MANAGING MEME TITLE MGRM TORRES, GABRIEL STREET ADDRESS 7380 ALBANY RD CITY-ST-ZIP FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CH	ANGES Change	
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9. MANAGING MEME TITLE MGRM TORRES, GABRIEL STREET ADDRESS TORT MYERS, FL 33912 TITLE MGRM TORRES, NERY M STREET ADDRESS T380 ALBANY RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u>-chigh</u> =	Florida Do ADDITIONS/CH SH SW ACTES/FL DIDIOIS 8 1 (Change Change	☐ Addition
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