



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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|---|---|--|--|---|--|---|--|
| DOCUMENT # L04000067984 1. Entity Name CAPITAL CONCRETE PUMPING LLC <i>Services</i> | | | |  | | FILED 05 SEP 27 PH 3:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 1662 PISCATAWAY RD PERRY, FL 32347 | | | | Mailing Address 1662 PISCATAWAY RD PERRY, FL 32347 <i>Williamson Ln.</i> | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address <i>PO Box 1021</i> Suite, Apt. #, etc. | | 09272005 REIN-LLC CR2E101 (6/04) 4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| City & State City <i>Perry FL</i> | | City & State City <i>Perry FL</i> | | | | | |
| Zip <i>32348</i> | | Country <i>US</i> | | | | | |
| 6. Name and Address of Current Registered Agent HOLDEN, SCOTT 1662 PISCATAWAY RD PERRY, FL 32347 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2545 Williamson Lane</i> 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 <i>Scott D. Holden</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOLDEN, SCOTT PO BOX 1021 PERRY, FL 32348 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600060017336 09/27/05--01042--025 **75.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOLDEN, DOROTHY PO BOX 1021 PERRY, FL 32348 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: <i>Scott Holden</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |