2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000005858

Entity Name: MIKE WELLS CONCRETE/MASONRY LLC

FILED Oct 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

112 KNIGHT DRIVE 135 WATERWAY AVE

FLORAHOME, FL 32140 US SATSUMA, FL 32189 US

Current Mailing Address: New Mailing Address:

112 KNIGHT DRIVE 135 WATERWAY AVE

FLORAHOME, FL 32140 US SATSUMA, FL 32189 US

FEI Number: 20-2489347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WELLS, MIKE E JAMISON MARK JESSUP SR., INC.

112 KNIGHT DRIVE 465 S VOLUSIA AVE

FLORAHOME, FL 32140 US SUITE C ORANGE CITY, FL 32763 US

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.

SIGNATURE: DEVIN NEWMAN- ASSISTANT SECRETARY 10/30/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 WELLS, MIKE E
 Name:
 WELLS, MIKE E

 Address:
 112 KNIGHT DRIVE
 Address:
 135 WATERWAY AVE

 City-St-Zip:
 FLORAHOME, FL 32140 US
 City-St-Zip:
 SATSUMA, FL 32189 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 DURRANT, JOHN M
 Name:

 Address:
 PO BOX 528
 Address:

 City-St-Zip:
 SATSUMA, FL 32189 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 RAY, RALPH R
 Name:

 Address:
 PO BOX 436
 Address:

 City-St-Zip:
 SATSUMA, FL 32189 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE E WELLS MGR 10/30/2006