

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 DEC -9 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/05/08--01040--005 ***382.50

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Simpson Concrete LLC
~~4108 Hoskins St~~

L06000031436

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

4108 Hoskins St

Suite, Apt. #, etc.

3. Mailing Office Address

4108 Hoskins St

Suite, Apt. #, etc.

City & State

Panama City, Fl.

Zip
32404

Country

Bay

City & State

Panama City, Fl.

Zip
32404

Country

Bay

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3-27-06

6. FEI Number

20-3443339

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ricky Kendall Simpson

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

4108 Hoskins Rd

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ricky Simpson

REGISTERED AGENT MUST SIGN

Date 12-3-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ricky K Simpson	4108 HASKINS Rd	Panama City, FL. 32404

REINSTATEMENT-07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Ricky Simpson

Date

12-3-08

Daytime Phone #

(850) 596-9185

Typed or printed name of signing Managing Member/Manager

Ricky Simpson

I do not have anyone else involved in my company, but wanted to sign above just in case I need to.