PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 22 AM 10:26

DOCUMENT # L07000036579

1. Limited Liability Company's Name
SHADS CONCRETE SOLUTIONS LLC

800170050778
02/22/10--01005--020 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17224 ORIOLE RD	9651 SHADOW OAK LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: N. Ft. Myers FL
Zip: 33912 Country: U.S.	Zip: 33917 Country: U.S.

4. State/Country of Formation: FL US

5. Date Organized or Qualified To Do Business in Florida: 6-13-2000

6. FEI Number: ☐ 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: SHAD DEAN
Street Address (P.O. Box Number is Not Acceptable): 17224 ORIOLE RD
Suite, Apt. #, Etc.:
City: Ft. Myers State: FL Zip Code: 33912

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Shad Dean Date: 2-16-10
REGISTERED AGENT MUST SIGN

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
MGR	SHAD DEAN	17224 ORIOLE RD	FT MYERS FL 33912
MGRM	JAMES HAGIC	9651 SHADOW OAK	N. FT. MYERS FL 33917
	REINSTATEMENT 2008-2010		

11. E-mail Address: JHAGIC@EMBARQMAIL.COM
(To be used for future annual report notifications)

12. 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: [signature] Date: 2-16-10 Daytime Phone #: 239-872-0615

Typed or printed name of signing Managing Member/Manager: JAMES HAGIC