


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 18 AM 9:11

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M0100000048

1. Limited Liability Company's Name
 REYNOLDS READY MIX, L.L.C.

REINSTATEMENT 02-05

2. Principal Office Address 1300 McFarland Boulevard		3. Mailing Office Address 1300 McFarland Boulevard	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Tuscaloosa, Alabama		City & State Tuscaloosa, Alabama	
Zip 35406	Country United States	Zip 35406	Country United States

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 01/03/1995	
6. FEI Number 631152237	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.
70004907759

City
PLANTATION

State
FL

Zip Code
33324

03/24/05--01006--013 ***305.00

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 Dale W. Morris **DALL W. MORRIS** ASSISTANT VICE PRESIDENT Date 3-14-05

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	READY MIX USA, INC.	1300 MCFARLAND BLVD. SUITE 300	TUSCALOOSA, AL 35406
MGRM	BAYOU CONCRETE COMPANY, INC.	3151 HAMILTON BLVD.	THEODORE, AL 36582

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 Sam M. Phelps Date 3-17-05 Daytime Phone # 205-345-5100

Typed or printed name of signing Managing Member/Manager Sam M. Phelps

CR2E041 (10/02)