2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 DEC 28 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000003234

1. Entity Name
BLOCK USA GULF COAST DIVISION, L.L.C.

Principal Place of Business	Mailing Address
4751 HAMILTON BLVD. THEODORE, AL 36582	4751 HAMILTON BLVD. THEODORE, AL 36582

2. Principal Place of Business	3. Mailing Address
1300 McFarland Blvd.	1300 McFarland Blvd.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Tuscaloosa, Alabama	City & State Tuscaloosa, AL
Zip: 35406 / Country: USA	Zip: 35406 / Country: USA

12152004 REIN-LLC CR2E101 (6/04)

4. FEI Number: 80-0006913 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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: Dale W. Morris — DALE W. MORRIS, ASSISTANT VICE PRESIDENT — 12-15-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	READY MIX USA, INC.	NAME	500043675095
STREET ADDRESS	1300 MCFARLAND BLVD. NE, STE. 300	STREET ADDRESS	12/28/04--01043--012 **155.00
CITY-ST-ZIP	TUSCALOOSA, AL 35406	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #