PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 28 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013949

1. Corporation Name

Eagle Precast, Inc.

2. Principal Office Address 6324 County Road 579	**3.** Mailing Office Address P.O. Box 24567
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Seffner, FL	City & State Tampa, FL

Zip 33584	Country USA

Zip 33623-4567	Country USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida 02/02/2000

5. FEI Number 59-3666091 | Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael R. Carey

Street Address (P.O. Box Number is Not Acceptable)
712 S. Oregon Avenue

Suite, Apt. #, Etc.

City Tampa	State FL	Zip Code 33606

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _~Michael R. Crey_   Date _1/26/05_

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Mark Montini	P.O. Box 24567	Tampa, FL 33623-4567
D	John Stanton	P.O. Box 24567	Tampa, FL 33623-4567
		1000045891481 02/03/05--01006--011 **1350.00	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _JOHN STANTON_   _1/25/05_   (813)238-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #