

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 DEC -1 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P00000045339</b> 1. Entity Name <b>JACKY WHITE CONCRETE, INC.</b>					
Principal Place of Business <b>4050 SE 50TH AVENUE OKEECHOBEE, FL 34974</b>			Mailing Address <b>4050 SE 50TH AVENUE OKEECHOBEE, FL 34974</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITE, WILLIAM 4050 SE 50TH AVENUE OKEECHOBEE, FL 34974</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <b>10-31-06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS <input type="checkbox"/> Delete <b>WHITE, WILLIAM 4050 SE 50TH AVENUE OKEECHOBEE, FL 34974</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082204857 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/01/06--01023--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>06</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>10-31-06 863 763 3191</b> <small>Date Daytime Phone #</small>		