

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051574

1. Corporation Name

R + B CUSTOM CONCRETE +  
DECKING INC.

2. Principal Office Address

2960 MALCOLM DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2960 MALCOLM DR.

Suite, Apt. #, etc.

City & State

DELTONA FL

Zip

32738

Country

City & State

DELTONA FL

Zip

32738

Country

4. Date Incorporated or Qualified To Do Business in Florida

5-25-2000

5. FEI Number

593648325

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

WILLIAM LAIB

100007078011-8

Street Address (P.O. Box Number is Not Acceptable)

2960 MALCOLM DR.

Suite, Apt. #, Etc.

08/13/02 01055 009

\*\*\*300.00 \*\*\*300.00

City

DELTONA FL

State

FL

Zip Code

32738

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

*William Laib*

REGISTERED AGENT MUST SIGN

Date 8/4/02

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
P	WILLIAM LAIB	2960 MALCOLM DR.	DELTONA, FL. 32738

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: *William Laib* WILLIAM LAIB 8/4/02 407-760-8677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)