FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000093597

1. Corporation Name
Phipps Concrete, Inc.

602 SE Polynesian Ave
602 SE Polynesian Ave

2. Principal Office Address	3. Mailing Office Address
602 SE Polynesian Ave	602 SE Polynesian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port st Lucie	City & State: Port St Lucie
Zip: 34983 Country: USA	Zip: 34983 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/04/2000

5. FEI Number 651065476 ☐ 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: Kimberly Phipps

Street Address (P.O. Box Number is Not Acceptable): 602 Se Polynesian Ave

Suite, Apt. #, Etc.:

City: Port St Lucie State: FL Zip Code: 34983

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: Kim Phipps Date: 8/5/04
REGISTERED AGENT MUST SIGN

CR2E081 (1/04)

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
PD	Darrell E Phipps	602 SE Polynesian Ave	Port St Lucie, FL 34983
VSTD	Kimberly E Phipps	602 SE Polynesian Ave	Port St Lucie, FL 34983

AMENDMENT 03-04

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: Kim Phipps 8-5-04 772-201-3854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384 JCH

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

PHIPPS CONCRETE, INC.

Certificate of Status	0
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