PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 PM 2:53

DOCUMENT # P01000052643

1. Corporation Name

CUSTOM CONCRETE CREATIONS, INC.

000023339040
09/25/03--01053--016 **750.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1684 CYPRESS AVE	1846 ORANGEWOOD DR
Suite, Apt. #, etc. #4	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32935 Country	Zip 32935 Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-21-2001

5. FEI Number: 593724382 ☐ 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: JOHN D. VAN WAGONER

Street Address (P.O. Box Number is Not Acceptable): 1846 ORANGEWOOD DR

Suite, Apt. #, Etc.:

City: MELBOURNE State: FL Zip Code: 32935

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: _____ Date: 23 Sept 03

REGISTERED AGENT MUST SIGN

CR2E181 (10/02)

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
PD	JOHN D. VAN WAGONER	1846 ORANGEWOOD DR	MELBOURNE, FL 32935

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: _____ 23 Sept 03

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