PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 04 HAR 22 AH 9: 42 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT # P01000119697** 1. Corporation Name **200031289702** 03/26/04--01097--018 **!50,00 TRADEMARK CONCRETE INC. 2. Principal Office Address 3. Mailing Office Address 5550 Reistertown Rd. 5550 Reistertown Rd. 9/140390097021 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 01/01/2002 City & State City & State Applied For 5. FEI Number North Port, FL 34286 North Port, FL 34286 01-0549667 Not Applicable Country Zip \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Jeffrey M Thurston Street Address (P.O. Box Number is Not Acceptable) 5550 Reistertown Rd Suite, Apt. #, Etc. State Zip Code FL 34286 North Port CR2E081 (01/04) 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 3-15-04 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip PST Smith, Kevin 3254 Scotia Street Port Charlotte, FL33952 V Thurston, Diane 5550 Reistertown Rd. North Port, FL 34286 D Thurston, Jeffrey M 5550 Reistertown Rd. North Port, FL 34286 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 filling 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. 3-15-04 SIGNATURE: Daytime Phone # IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Trademark Concrete, Inc.

5550 Resitertown Road North Port, FL 34286

Florida Department of State
Division of corporations
---PO Box 6327Tallahassee, Florida 32314

Subject:

TRADEMARK CONCRETE INC.

P01000119697

Please be advised that following your request of September 15, 2003 – we have returned the Business Report to you with Item 4 complete to read: EIN 01-0549667.

After speaking to your representative today, she advised us that they have no record of receiving same but to go ahead a write this letter of explanation and complete a Reinstatement Form with the fees for Business Report 2004.

We are attaching copy of both the 2004 Reinstatement Form and copy of the 2003 complete form previously sent to you.

Sincerely,

Mark Thurston

Director