

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000041361

1. Corporation Name

DUVAL CONCRETE, INC.

2. Principal Office Address

3876 Santa Fe St., East

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

Duval

3. Mailing Office Address

3876 Santa Fe St., East

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

Duval

REINSTATEMENT 03-04

500035717395

05/06/04--01064--010 **308.75

4. Date Incorporated or Qualified

To Do Business in Florida 04/17/2002

5. FEI Number

42-1559124

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

Todd A. Melton

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

3876 Santa Fe St., East

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

Todd Melton

Date 04/30/2004

REGISTERED AGENT MUST SIGN

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	Todd A. Melton	3876 Santa Fe St., East	Jacksonville, FL 32246
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

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)(l), 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:

Todd Melton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2004

Date

(904) 651-5593

Daytime Phone #

CR2E081 (01/04)