


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P03000011541		
1. Entity Name D & T CONCRETE SERVICES, INC.		

FILED  
05 MAR -1 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 30 SE 50TH ST GAINESVILLE, FL 32601	Mailing Address 30 SE 50TH ST GAINESVILLE, FL 32601
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2. Principal Place of Business		3. Mailing Address P.O. Box 863	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melrose, FL	
Zip	Country	Zip 32666	Country USA

REINSTATEMENT 04-05  
08/05/04 90009 003 \$750.00  
4. FEI Number 200592033  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, DARREL 30 SE 50TH ST GAINESVILLE, FL 32601	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daniel Thomas*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DONLEY, WALTER L 1139 SE 39TH ST MELROSE, FL 32666 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, DARREL 30 SE 50TH ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter L. Donley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**D & T Concrete Services, Inc.**

**P.O. Box 863**

**Melrose, FL 32666**

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February 18<sup>th</sup>, 2005

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Document # P03000011541

Reinstatement Department,

I'm requesting that the reinstatement fee be waived because the Postal Service never delivered your letter requesting additional information.

Sincerely,



Walter Donley

President