2006 FOR PROFIT CORPORATION REINSTATEMENT

Processor Present of Desires Page	DOCUMENT # P03000011541 1. Entity Name D & T CONCRETE SERVICES, INC.					0807			
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Section Country Section Sect						REINSTATE	MEN. (11/05)	76 ·	
3. Country 4. Name and Address of Row Registered Agent 4. Name 4. Name 5. Country 5. Country 7. Name and Address of New Registered Agent 8. On Ad	1-06 1 1/ 1 1								
THOMAS, DARREL 30 SE SOTH ST GAINESVILLE, FL 32801 City FL Zip Code City City City City City City City FL Zip Code City				Country			, F3 \$8.75 Ad	ditional	
THOMAS, DARREL 30 SE 60TH ST GAINESVILLE, FL 32601 Street Address (P.C. 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 society the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and society in the college of the purpose of changing is registered diffice. 10.	6. Name and Address of Current Registered Agent					7. Name and Address of Nev			
6. The above named entity submist this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiae with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ONLEY, WALTER L SIREI ADDRESS OTTY-ST-2P THOMAS, DARREL TITLE VPD SIGNATURE SIREI ADDRESS OTTY-ST-2P THOMAS, DARREL TITLE Debte Debte TITLE	30 SE 50TH ST					P.O. Box Number is Not Accepte	ble)		
the obligations of registered agent. SignaTURE SignaTURE SignaTure Source, typot to phede remore in registered agent in registered when intensiting) DATE FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 697,193(2)(b), F.S., the corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS THE PSD DONLEY, WALTER L SIREL ADDRESS TITLE PVPD DONLEY, WALTER L SIREL ADDRESS TOTY-ST-2P THOMAS, DARREL TITLE VPD Debte: TITLE Debte: TIT				City			FL Zip Cox	le	
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TITLE NAME THOMAS. DARREL 30 SE 50TH ST CITY-ST-2P GAINESVILLE, FL 32601 TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADORESS	DONLEY, WALTER L 1139 SE 39TH ST	Way Devie	NAME Street addre	S PO P	has, Darnel box 863		L AUGUSTI	
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NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	NAME STREET ADDRESS		☐ Detete	NAME Street adore	SS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	NAME STREET ADDRESS		☐ Delcte	NAME STREET ADDRE	ss		☐ Change	☐ Addition	
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