PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 FEB 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000029764

1. Corporation Name
TROPICAL CONCRETE STAMPING & PUMPING, CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
646 E. 46 STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: HIALEAH, FL	City & State
Zip: 33013 / Country	Zip / Country

CR2E081 (11/10)

Date Incorporated or Qualified To Do Business in Florida: P03000029764

5. FEI Number: 61-1445366 ☐ 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: JUAN CARLOS HUERGO

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

Suite, Apt. # Etc.: 646 E 46 STREET

City: HIALEAH | State: FL | Zip Code: 33013

000220246990
03/02/12--01014--001 **1480.00

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: Juan Huergo — Date: _____
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
PSD	JUAN CARLOS HUERGO	646 E 46 STREET	HIALEAH, FL 33013
V/D	ELISA CORDERO	646 E 46 STREET	HIALEAH, FL 33013
		000220246990 03/03/12--01001--003 **620.00	
		REINSTATEMENT 10-12	
			FEB 28 2012

10. E-mail Address: T. SCOTT
(To be used for future annual report notification)

11. 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.*, and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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