PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## Corporation Name ## Corporation Name ## Corporation Name ## Corporation Name Corporation Name		CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 06 APR II PN 2:53			
2. Principal Office Address 3. Mailing Office Address 4. Date Incorporated or Qualified To Do Business in Florida 4/22/2003 5. FEI Number Applied For Appl						S T <i>i</i>	SECKETA ALLAHASSE	I LORIDA	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To De Business in Florida 4/22/2003 ORLANDO, FL Zip Country Zip Country Zip Country ST-FI Number Name 7. Name and Address of Current Registered Agent Name WILLIAM GREEN JR Street Address (P.O. Box Number is Not Acceptable) 4808 KATHY JO TERR Suite, Apt. #, Etc. US/01/06—01USS—021 ##450. City ORLANDO 8. 1, being appointed the registered agent of the above named corpogation, am familiar with and accept the chigations of section 607.0505 or 617.0503. F. S. Signature of Registered Agent WILLIAM GREEN JR. Street Addresses of Each Officer and/or Director (Florida nonprofit corporation) REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Officers and/or Directors Offic		·- - -		C design	VA C)			
Suite, Apt. #, etc. Suite, Apt. #, etc.			3. Maining Cinco.	10ress	_{[î}	71211 <u>0</u> 16	THE PRINTED	MEMBRU (<i>-</i> -
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ORLANDO, FL Zip Country Zip Country State S. FEI Number Applied For Not Appli	City & Stat	re	City & State					4/22/2003	
32808 SA S. CERTIFICATE OF STATUS DESIRED		<u> </u>			┥ ``			- Applied For	4
7. Name and Address of Current Registered Agent Name	•		Zip	Country				\$8.75 Additional Fee required	4
Name WILLIAM GREEN JR Street Address (P.O. Box Number is Not Acceptable) 4808 KATHY JO TERR Sute, Apt. #, Elic. City ORLANDO 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit conforations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director Officer and/or Director ORLANDO/FL/32808 10. 1 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 assisting the requirements of section 607.0401 or 617.0401, F.S., that all rese lowed by the corporation have been poid and the names of individual sisted on this staffes the requirements of section 607.0401 or 617.0401, F.S., that all reserve lowed by the corporation have been poid and the names of individual sisted on this staffes the requirements of section 607.0401 or 617.0401, F.S. that all reserve lowed by the corporation have been poid and the names of individual sisted on this lated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	32808	USA	7 Name:	and address of Current	1	·	3 DESIRED L		
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)(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.	Signature of Registered 9. Names Titles	Street Address (P.O. Box Number 4808 KATHY JO TERR Suite, Apt. #, Etc. City ORLANDO of Agent Agent Band Street Addresses of Each Offi Name Officers and/or	the above named corporation of princetors	Leon J ST SIGN a nonprofit corporations m Street Add Officer an	nust list at leas dress of Each nd/or Director	State Zip FL 32 Iligations of section Date st 3 directors)	p Code 2808 ion 607.0505 or 61	7.0503, F.S. City / State / Zip	
SIGNATURE: // USUM / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	10. 1 ce who 617	ertify that I am an officer or director of the filing this reinstatement application 7.0401, F.S., that all fees owed by the 9.07(3)(i), F.S. The information indicators are the file of the file.	or the receiver or trustee en ion, the reason for dissolution he corporation have been posted on this application is the corporation of the corporation have been posted on this application.	empowered to execute this ion has been eliminated, the paid and the names of indictrue and accurate, and my	application as he corporate r lividuals listed y signature sh	name satisfies the don this form do hall have the san	n chapter 607 or 61 the requirements of not qualify for an eme legal effect as if	17, F.S. 1 further certify that f section 607.0401 or exemption under section f made under oath.	



Firm Of ROBINSON & ROBINSON INC. "America's Accountants"

April 7, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom it may concern:

This letter is inform the neccessary parties that the following Corporation, W.G. Concrete Pumping, Inc never received their 2004 reinstatement form because the state had the wrong address on file. We are asking for the late fees to be abated the reference number for our corporation is P97000029452. We are enclosing a check for \$450.00 for 2004, 2005, and 2006. If you have any questions relating to this matter please contact myself or my accountant.

William & Sreen J

William Green, Jr.