2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000101085



EASTSIDE CONCRETE PUMPING, INC.							06 OCT 10	PH 3:4	5	
2906 9TH AVENUE EAST				Mailing Address 2906 9TH AVENUE EAST BRADENTON, FL 34208			TATEN	ENI	D	6
2. Principal Pl	lace of Busin	ness	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2E098	i (11/05)	
City & State			City & State	City & State			9566 ⁻		_ 	oplied For ot Applicable
Zip	·	Country	Zip	Zip Country		5. Certificate	of Status Desired		8.75 Add	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
FREEMAN, GUY 2906 9TH AVENUE EAST					Street Address (P.O. Box Number is Not Acceptable)					
BRADENT	ON, FL 3	4208				******				
				City				FŁ	Zip Code	e
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										
		FEE IS \$150.00 07, Fee will be \$300.0				In accordance w corporation did r				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11
TITLE NAME	P FREEMA!	N CIN	☐ Delete	TITL		ŧ ⊏:		اردوع	Change	☐ Addition
STREET ADDRESS		AVENUE EAST		NAME STREET ADDRESS		1071	河西二河西	3013	**[2]	0.00
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TITLE NAME	S Delete				E			Ł	Change	☐ Addition
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CITY-ST-ZIP TITLE	BRADENTON, FL 34208				-ST-ZIP			г	Change	Addition
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STREET ADDRESS City-St-Zip					ET ADDRESS -ST-ZIP					
TITLE .			☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS				NAM	E Et address					
CITY-ST-ZIP				-ST-ZIP					ľ	
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.										
4										
SIGNATURE: SIGNATURE AND TYPEOGR PRINTED ROME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION Design Phone #										