


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000110710		
1. Entity Name PAL'S CONCRETE, INC.		
Principal Place of Business PO BOX 38 CLEARWATER, FL 33755 US	Mailing Address PO BOX 38 CLEARWATER, FL 33755 US	
2. Principal Place of Business 1018 N. Madison Ave. Suite, Apt. #, etc. _____	3. Mailing Address 1018 N. Madison Ave. Suite, Apt. #, etc. _____	

FILED

06 FEB 10 PM 4:10

REINSTATEMENT 05-06

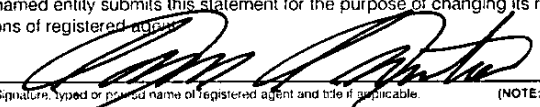


02062006 REIN-P CR2E098 (11/05)

City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 20-0298714	Applied For Not Applicable
Zip 33755	Country US	Zip 33755	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWINTON, SAM 1018 NORTH MADISON AVE CLEARWATER, FL 33755	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  2-7-06
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.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D,P	<input type="checkbox"/> Delete		TITLE	1018 N. Madison Ave.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWINTON, SAM			NAME	Clearwater, FL 33755		
STREET ADDRESS	PO BOX 38			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33755			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS	300065818533		
CITY-ST-ZIP				CITY-ST-ZIP	02/14/06--01016--003 **300.00		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  2-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #