2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135573

CLINE, GARY G JR

2430 JERRY CIRCLE

DAYTONA BEACH, FL 32128

Name:

Address:

City-St-Zip:

Entity Name: CLINE'S STAMBED CONCRETE IN

FILED Mar 21, 2008 Secretary of State

Entity Na	me: CLINE'S:	STAMPED CONCRETE, INC.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
2150 S NO S DAYTOI	DVA RD NA, FL 32119				
Current Mailing Address:			New Mailing Address:		
2150 S NO S DAYTO	DVA RD NA, FL 32119				
FEI Number	: 33-1078678	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
CLINE, CARL J 2150 S NOVA RD S DAYTONA, FL 32119 US			2150 S NOVA RD	CLINE SR., GARY G 2150 S NOVA RD S DAYTONA, FL 32119 US	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: GARY G. CLINE SR.				03/21/2008	
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () CLINE, CARL J 410 CHURCH S PORT ORANGE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () CLINE, GARY (2345 TOMOKA DAYTONA BEA	FARM RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () CLINE, MARK A 1828 LIME TRE EDGEWATER,	Έ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY G. CLINE SR. VD 03/21/2008