2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000140598 1. Entity Name MILLER CONCRETE PUMPING, INC.						FILED 04:00T 25 PM 1: 50				
Principal Plac	e of Business			1	cen	DETARY NE	CTATE			
4365 JAMES		Mailing Address	P.O. BOX 897			JEV.	RETARY OF	SINIE		
COCOA, FL 3			COCOA, FL 32923			TALL	AHASSEE,	FLURIDA	4	
COCONGIL	52520									
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Principal Place of Business Address Mailing Address					1					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			REIN-P	CR2E098 (6	/04)		
City & Stat	e	City & State	City & State			11005	90	Applied Fo	or	
					16-	16875		Not Applic	cable	
Zip	Country	Zìp	Zip Country		5. Certificate o	of Status Desired		Additional		
<u> </u>					Fee Required					
	6. Name and Address of Curi		7. Name and Address of New Registered Agent							
		Name								
CHILDERS, BONNIE				Circuit Address (D.O. Boy Ni report in Net Assentable)						
	ING STREET		i	Street Address (P.O. Box Number is Not Acceptable)						
COCOA, F	L 32922		Ì						\neg	
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				City			FL Zir	Code		
9 The above	named entity submits this statemen	of for the purpose of changing its	rogistoro	d office or register	ed agent or both	in the State of Ele	rido. L'am familiar	with and no		
the obligat	lions of registered agent	it for the purpose of changing its	registere	d office of register	ed agent, or both	i, in the diate of the	ilida. Tam lamiliai	· ·	CCP(
		<u></u>						· ·	ŀ	
SIGNATURE/										
	Signature, types or printed name of registered	agent and title if applicable. (NOTI	E: Registered	Agent signature requir	red when reinstating)		DATE			
	<i>V</i>]	
	E NOW!!! FEE IS \$150.00					In accordance w				
After Jar	nuary 1, 2005, Fee will be \$3	90.00				corporation did	not receive the b	mor notice.	Ì	
10.	OFFICERS /	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIREC	TORS IN 11		
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NAME	MILLER, JOHN B	Li boldio	NAME							
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12. I hereby	certify that the information supplied	with this filing does not qualify to	r the exen	nption stated in Se	ection 119.07(3)(i), Florida Statutes. I	further certify that	the information	ion]	
of the co	on this report or supplemental repropertion or the receiver or trustee	empowered to execute this report	as requir	ure snall have the : ed by Chapter 607	same iegal effect 7, Florida Statute:	i as it made under d s; and that my nami	e appears in Block	incer or direct 10 or Block	3(Or 11 if	
changed	, or on an attachment with an address	ss, With all other like ampowered		.,		•			- 1	
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