## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000147069

WILLIAMS, BROOKE F

STUART, FL 34997

3138 SE ST LUCIE BLVD

Name:

Address: City-St-Zip: FILED Apr 17, 2006 Secretary of State

Entity Name: BILL WILLIAMS CONCRETE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3138 SE ST LUCIE BLVD STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 3138 SE ST LUCIE BLVD STUART, FL 34997 FEI Number: 58-2677777 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: NATALIA UTRERA, VP Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WILLIAMS, WILLIAM G Name: Name: 3138 SE ST LUCIE BLVD Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: WILLIAMS, BRYAN J Name: 3138 SE ST LUCIE BLVD Address: Address: STUART, FL 34997 City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: BROOKE WILLIAMS STD 04/17/2006