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| Certified Copies | | Certificate | es of S | tatus | |
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| Special Instructions | to Fil | ing Officer: | | - | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: RESTORATION CONCRETE INCORPORATED |
| (Name of Corporation) |
| DOCUMENT NUMBER: P03000157397 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| KENNETH J. ROMANO |
| (Name of Person) |
| RESTORATION CONCRETE INCORPORATED |
| (Name of Firm/Company) |
| 3370 SE EAST SNOW ROAD |
| (Address) |
| PORT ST LUCIE, FLORIDA 34984-6415 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| KENNETH J. ROMANO at (772) 340-1370 (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | DAVID J. GUNDERSEN | hereby resign as SECRETARY/TREASURER (Title) | |
|----|--|--|-------------|
| of | | NCRETE INCORPORATED f Corporation) | |
| | P03000157397 (Document Number, if known) | _ a corporation organized under the laws of the State of | |
| | FLORIDA | | |
| | Vauil j | SECRETARY OF STA | 1 1 1 |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314