


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001694		
1. Entity Name RONALD SMITH CUSTOM CONCRETE, INC.		

FILED  
05 OCT 10 PM 12:26

Principal Place of Business 2918 AHERN DRIVE ORLANDO, FL 32817 US	Mailing Address 2918 AHERN DRIVE ORLANDO, FL 32817 US
---	---

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business <i>Orlando FL</i>		3. Mailing Address <i>2918 AHERN DR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Orlando FL</i>	
City & State		City & State	
Zip	Country	Zip <i>32817</i>	Country <i>Orlando</i>

09292005 REIN-P CR2E098 (6/04)

4. FEI Number <i>861093298</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, RONALD W 2918 AHERN DRIVE ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name <i>Ronald W Smith</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code

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 *Ronald W Smith* (NOTE: Registered Agent signature required when reinstating) DATE *10-5-05*

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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RONALD W 2918 AHERN DRIVE ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Owner</i> <i>Ronald W Smith</i> <i>Custom Concrete</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/10/05--01075--001</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700060456307</i> <i>10/10/05--01075--001</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**STATEMENT** *US*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ronald W Smith* Date *10-5-05* Daytime Phone # *407 383-0860*

(850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 705A00059417

---

LAST Year Aug 13 hurricane Charley Destroyed my  
Home & Garage. I was told to write to ask for help.  
~~Also~~ Also Send A Check For Three hundred Dollars.

Thank you Ronnie Smith 407 383-0860

---