

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000002850 1. Entity Name SAMPSON PAINTING & DRIVEWAY DESIGNS INC. <i>Alternative Concrete Concepts II, Inc.</i>			
Principal Place of Business 8039 WOODEN DR SPRING HILL, FL 34606		Mailing Address 8039 WOODEN DR SPRING HILL, FL 34606	
2. Principal Place of Business <i>8120 Jaspaw Junction</i>		3. Mailing Address <i>8120 Jaspaw Junction</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Brooksville, FL</i> Zip <i>34613</i>		City & State <i>Brooksville, FL</i> Zip <i>34613</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>42-1622520</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 SAMPSON, ERIC J 8039 WOODEN DR SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>[Signature]</i> <i>President/owner</i> <i>8/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		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 SAMPSON, ERIC J <input type="checkbox"/> Delete 8039 WOODEN DR SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Sampson, Eric J</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8120 Jaspaw Junction</i> <i>Brooksville, FL 34613</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODSIDE, REBECCA <input type="checkbox"/> Delete 8039 WOODEN DR SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>WOODEN, REBECCA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8120 Jaspaw Junction</i> <i>Brooksville, FL 34613</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GABICKI, BRIAN <input checked="" type="checkbox"/> Delete 9407 BRADY ST. SPRING HILL, FL 34608	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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>8/15/05</i> <i>352-585-1880</i> <small>Date Daytime Phone #</small>	

M. Williams AUG 19 2005