2006 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P04000025476 FILED 1. Entity Name P & B CONCRETE CONSTRUCTION INC. 06 APR 11 AM 8: 05 Principal Place of Business Mailing Address 2219 METRO DRIVE 2219 METRO DRIVE US US RUSKIN, FL 33570 RUSKIN, FL 33570 2. Principal Place of Business 3._Mailing Address 10 130Y CR2E098 (19765) -Suite, Apt. #, etc. -04032006 REIN-P City & State City & State 4. FEI Number 20-0703656 Not Applicable Zip Country Country \$8.75 Additional U.S 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILES, ANGELA P Street Address (P.O. Box Number is Not Acceptable) 2219 METRO DRIVE RUSKIN, FL 33570 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILES, ANGELA P NAME NAME 200070467802 STREET ADDRESS 2219 METRO DRIVE STREET ADDRESS 04/14/06--01064--004 **300.00 RUSKIN, FL 33570 CITY-ST-7IP CITY-ST-7IP TITLE VP ☐ Delete ☐ Change ■ Addition TITLE BALDERAS, GREGORIO NAME NAME STREET ADDRESS 2219 METRO DRIVE STREET ADDRESS CITY-ST-ZIP RUSKIN, FL 33570 CITY-ST-7IP TITLE ☐ Delete □ Change TITLE ■ Addition NAME BALDERAS, SERAFIN NAME STREET ADDRESS 2219 METRO DRIVE STREET ADDRESS RUSKIN, FL 33570 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition RIVERA, ARMANDO NAME NAME STREET ADDRESS 2219 METRO DRIVE STREET ADDRESS RUSKIN, FL 33570 City-St-ZiP CITY-ST-70P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.