2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# P04000030178

Entity Name: ROBINSON BLOCK LAYING AND CONCRETE POURING CO.

Current Principal Place of Business:

109 MONROE AVENUE
LAKE PLACID, FL 33862

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2049
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 20-0733473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, DERRICK
109 MONROE AVENUE
LAKE PLACID, FL 33862 US

Name and Address of New Registered Agent:

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: DERRICK ROBINSON

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBINSON, TOEY L
Address: 109 MONROE AVENUE
City-St-Zip: LAKE PLACID, FL 33862

Title: VD ( ) Delete
Name: ROBINSON, DERRICK J
Address: 109 MONROE AVENUE
City-St-Zip: LAKE PLACID, FL 33862

Title: SD ( ) Delete
Name: MCGAHEE, JAMES E
Address: 109 MONROE AVENUE
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ROBINSON, DERRENTIAN J
Address: 109 MONROE AVENUE
City-St-Zip: LAKE PLACID, FL 33862

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TOEY ROBINSON PD 10/27/2008

Electronic Signature of Signing Officer or Director — Date