

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000039099</b> 1. Entity Name <b>MIAMI CONCRETE CONTRACTORS, INC.</b>					
Principal Place of Business <b>5322 AIRPARK LOOP E STE H</b> <b>GREEN COVE SPRINGS, FL 32043</b> <b>(SAA)</b>				Mailing Address <b>5322 AIRPARK LOOP E STE H</b> <b>GREEN COVE SPRINGS, FL 32043</b> <b>(SAA)</b>	
2. Principal Place of Business - No P.O. Box # <b>5322 AIRPARK LOOP</b>		3. Mailing Address <b>5322 AIRPARK LOOP</b>		<div>FILED</div> <div>08 FEB 22 AM 11:53</div> <div>SECRETARY OF STATE</div> <div>TALLAHASSEE, FLORIDA</div> <div>01302008 REIN-P CR2E098 (1/07)</div>	
Suite, Apt. #, etc. <b>STE H</b>		Suite, Apt. #, etc. <b>STE H</b>			
City & State <b>GREEN COVE SPRINGS FL</b>		City & State <b>GREEN COVE SPRINGS FL</b>			
Zip <b>32043</b>	Country <b>CLAY</b>	Zip <b>32043</b>	Country <b>CLAY</b>		
4. FEI Number <b>20-2019407</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>FOLEN, VICTOR II</b> <b>5322 AIRPARK LOOP E STE H</b> <b>GREEN COVE SPRINGS, FL 32043</b>	
7. Name and Address of New Registered Agent Name <b>NA</b>					
Street Address (P.O. Box Number is Not Acceptable)					
City <b>FL</b> 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: <u><i>V.A. Folen II</i></u> <b>VICTOR A. FOLEN II</b> <span style="float: right;">1/30/2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FOLEN, VICTOR II</b> <input type="checkbox"/> Delete <b>5322 AIRPARK LOOP E</b> <b>GREEN COVE SPRINGS, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700120749217</b> <b>03/19/08--01036--008 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete <b>ADAMS, TROY</b> <b>5024 CR 209</b> <b>GREEN COVE SPRINGS, FL 32043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>ADAMS, HEATHER</b> <b>5024 CR 209</b> <b>GREEN COVE SPRINGS, FL 32043</b>		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 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.					
SIGNATURE: <u><i>V.A. Folen II</i></u> <b>VICTOR A. FOLEN II</b> <span style="float: right;">1/30/2008 (904) 403-8308</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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