


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000042124 | |  |
| 1. Entity Name LHS & SONS CONCRETE INC | | |

FILED

05 SEP 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 1112 SOUTH MAGNOLA DR APT P202 TALLAHASSEE, FL 32301 | Mailing Address 1112 SOUTH MAGNOLA DR APT P202 TALLAHASSEE, FL 32301 |
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|---|---|
| 2. Principal Place of Business 2001 Old St. Augustine Rd Suite, Apt. #, etc. # K201 City & State Tallahassee Zip 32301 | 3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country |
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09262005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 43-2045059 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent SINGLETON, LIONELL 1112 SOUTH MAGNOLA DR APT P202 TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2001 Old St. Augustine Rd # K201 City Tallahassee FL Zip Code 32301 |
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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) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SINGLETON, LIONELL 1112 SOUTH MAGNOLA DR APT P202 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2001 Old St. Augustine Rd # K201 Tallahassee FL 32301 <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 |
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| 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

GA. Williams SEP 26 2005