

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000069998 1. Entity Name V.A.L. CONCRETE, INC.				FILED 06 MAR -3 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 249 BOULDER ROCK DRIVE PALM COAST, FL 32137		Mailing Address 249 BOULDER ROCK DRIVE PALM COAST, FL 32137		 02222006 REIN-P CR2E098 (11/05)	
2. Principal Place of Business 400 BAY ST Suite, Apt. #, etc. PO BOX 2139		3. Mailing Address 28 WOODCLIFF LN Suite, Apt. #, etc.			
City & State BUNNELL, FL Zip 32110 Country FLAGLER		City & State PALM COAST FL Zip 32137 Country FLAGLER			
4. FEI Number 51-0507588		Applied For <input type="checkbox"/> Not Applicable		REINSTATEMENT 05-06 WDA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JORALUS, LOUIS C 249 BOULDER ROCK DRIVE PALM COAST, FL 32137			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Joralus Louis C</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	PTD JORALUS, LOUIS C 249 BOULDER ROCK DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JORALUS LOUIS C 28 WOODCLIFF LANE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARILASE, LOUIS C 249 BOULDER ROCK DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARILASE LOUIS C 28 WOODCLIFF LANE PALM COAST, FL 32137 <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		
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 info empowered.					
SIGNATURE: <i>Joralus Louis C</i> 2/22/06 386 931 3682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					