


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000096462</b>		
1. Entity Name <b>HOWELL CONCRETE &amp; LAND SERVICE, INC.</b>		

Principal Place of Business <b>4688 RAINBOW ROAD VENICE, FL 34293</b>	Mailing Address <b>8287 ESTATES DRIVE NORTH PORT, FL 34286</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>4688 Rainbow Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Venice FL</b>	City & State <b>Venice FL</b>
Zip <b>34293</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>T&amp;H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD. SUITE 2 VENICE, FL 34292</b>	
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7. Name and Address of New Registered Agent Name <b>Pridemore &amp; Associates, CPAs, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>229 Tamiami Trail S, Suite 1</b> City <b>Venice</b> FL Zip Code <b>34285</b>	
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 <b>[Signature]</b> <b>CPA</b> <b>10.15.07</b> <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 \$150.00 After January 1, 2008, Fee will be \$300.00</b>	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	<b>D</b> <b>HOWELL, WILLIAM J</b> <b>4688 RAINBOW ROAD</b> <b>VENICE, FL 34293</b> <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	<b>D</b> <b>KLEIN, BRIAN R</b> <b>8287 ESTATES DRIVE</b> <b>NORTH PORT, FL 34286</b> <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	<b>D</b> <b>KLEIN, KIMBERLY R</b> <b>8287 ESTATES DRIVE</b> <b>NORTH PORT, FL 34286</b> <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
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: <b>[Signature]</b> <b>William J. Howell</b> <b>10/15/2007</b> <b>941-587-6060</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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FILED

2007 OCT 23 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10062007 REIN-P CR2E098 (1/07)

4. FEI Number <b>20-1361710</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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10/24/07