


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90001 039 ***158.75

06 AR CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD4000103837			
1. Corporation Name Scott Tharp's Concrete + Prep Inc.			
2. Principal Office Address 42634 Lake Saint Claire Ave		3. Mailing Office Address " Same "	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deland, FL		City & State " SAME "	
Zip 32720	Country U.S.A	Zip SAME	Country SAME

50021162

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida June 24, 2004	
5. FEI Number 30-0265973	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Tharp, Scott E.		
Street Address (P.O. Box Number is Not Acceptable) 42634 Lake Saint Claire Ave		
Suite, Apt. #, Etc.		
City Deland	State FL	Zip Code 32720

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Scott Tharp
REGISTERED AGENT MUST SIGN

Date 3-14-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Scott E. Tharp	42634 Lake Saint Claire Ave	Deland, FL 32720
S.	Lucy A. Hellstrom	42634 Lake Saint Claire	Deland, FL 32720

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Scott Tharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06
Date

Daytime Phone #