## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  O7 NOV 13 AM 9: 30
DOCUMENT # P04000127407 1. Corporation Name Mister Concrete, INC.		
2. Principal Office Address - No P.O. Box # 4210 Jac KSOn Bluff R	3. Mailing Office Address	CR2E081 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 7 - 8 - 0 4
City & State Tallahassee Fl	City & State	5. FEI Number Applied For Not Applicable
<sup>Zip</sup> 3 2 3 0 4 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of	of Current Registered Agent	
Shelly Is bell  Street Address (P.O. Bol Number is Not Acceptable)  4210 Lack Son Bluff Rd  Suite, Apt. #, Etc.		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Tallahassee FL 32304		
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  REGISTERED AGENT MUST SIGN  Date 1/1-13-07		
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 E Officer and/or Dire	
P Shelly Isbe	211 4210 Jackson B	luff Rd Tallahassep F/32304
	C-01	
HENSTATE WATER		900112234369 11/13/0701009018 **158.75
		900112234369 11/14/07=01001=-020 ***300.00
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 filling 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 tisted 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		