

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127407

1. Entry Name
MISTER CONCRETE, INC.



Principal Place of Business
4210 JACKSON BLUFF RD
TALLAHASSEE, FL 32304

Mailing Address
4210 JACKSON BLUFF RD
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

637 ST. PATRICK

Suite, Apt. #, etc.

3. Mailing Address

637 ST. PATRICK

Suite, Apt. #, etc.

City & State

TALL, FLA

City & State

TALL FLA

Zip

32310

Country

Leon

Zip

32310

Country

Leon

03302009

REIN-P

CR2E098 (1/07)

4. FEI Number

20-1672001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISBELL, SHELLY L
4210 JACKSON BLUFF RD
TALLAHASSEE, FL 32304

637 St. Patrick St.
32310

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

Shelly Isbell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
NAME ISBELL, SHELLY L
STREET ADDRESS 4210 JACKSON BLUFF RD
CITY-ST-ZIP TALLAHASSEE, FL 32304

☐ Delete

TITLE
NAME 637 St. Patrick St.
STREET ADDRESS
CITY-ST-ZIP Tallahassee FL 32310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T
NAME MISTI GANDY
STREET ADDRESS 637 St. Patrick St.
CITY-ST-ZIP Tallahassee FL 32310

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Shelly Isbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/09

Date

850/210/9831

Daytime Phone

FILED
2009 MAR 30 A 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/30/09--01004--004 **300.00

