2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127407

1. Entity Name
MISTER CONCRETE, INC.

FILED
11 FEB 11 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
637 ST PATRICK ST. TALLAHASSEE, FL 32310	637 ST PATRICK ST. TALLAHASSEE, FL 32310

02112011 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
525 Big Richard Rd Suite, Apt. # (if)	525 Big Richard Rd Suite, Apt. # (if)
City & State Tallahassee FL	City & State Tallahassee FL
Zip / Country 32310 US	Zip / Country 32310 US

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	7. Name and Address of New Registered Agent
ISBELL, SHELLY L ~~637 ST PATRICK ST~~ TA~~LLAHASSEE, FL~~ 32310	Name Street Address (P.O. Box Number is Not Acceptable) 525 Big Richard Rd City: Tallahassee FL Zip Code: 32310

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: X Shelly Isbell
(Typed or printed name of registered agent and title if officer) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ISBELL, SHELLY L 637 ST PATRICK ST. TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	X Change ☐ Addition 525 Big Richard Rd Tallahassee Fl 32310
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST GANDY, MISTI 637 ST PATRICK ST. TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	X Change ☐ Addition Isbell, Misti 525 Big Richard Rd Tallahassee Fl 32310
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 500193968575 02/14/11--01001--025 **900.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Rclt	☐ Delete	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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #