## 2006 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT										
DOCUMENT # P04000140567  1. Entity Name HBO CONCRETE, INC						FILED 06 APR 24 Ail 8: 18				
Principal Place of Business Mailing Address										
14403 N 18TH STREET TAMPA, FL 33613		14403 N 18TH STREET TAMPA, FL 33613					isti	1.435	i È, ri, ci	SIDA
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2. Principal Place of Business		3. Mailing Address			. (00,000,000			· - S		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03282006	SREIN-P.	CRZE	098 (11/05).	5-06
City & State		City & State				4. FEI Number 20-//	29070	)	<b>→</b>	plied For at Applicable
Zip	Country	Zip	Counti	ry			f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		No.		7. Name and	Address of New I	Registered	Agent	
PRINCE, DAVID E 4519 ASHMORE DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33610				900073562999						
				сну 05/02/0601004- <b>рі</b> 4 <b>дужього.</b> 00						
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$900.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES 10 10 11. ADDITIONS/GHANGES 10 10 11.									; 50 00	
10.	<del>,</del>	OFFICERS AND DIRECTORS 11				ADDITIONS	HANGES TO OF	YCERS AN		
TITLE	P ODTIZ BEVEDI V D	P Delete ORTIZ, BEVERLY D							Change	☐ Addition
STREET ADDRESS	•		NAME STREE	TADORESS						
CITY-ST-ZIP	TAMPA, FL 33613			ST-ZIP	05	109105	90292	021	#150	.06
TITLE NAME			TITLE			1 - 11	(0001-		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	* ( M17)			T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS					Change	☐ Addition
CITY-ST-ZIP			CITY-	ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete		T ADORESS ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				1					☐ 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.										