2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000143179

1. Entity Name
VINA & SON CONCRETE CORP.

FILED
05 DEC 16 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12092005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
16414 NW 89 PLACE MIAMI LAKES, FL 33018	16414 NW 89 PLACE MIAMI LAKES, FL 33018

2. Principal Place of Business	3. Mailing Address
2356 West 80 St.	2356 West 80 St.
Suite, Apt. #, etc. Bay # 6	Suite, Apt. #, etc. Bay # 6
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33016 Country	Zip 33016 Country

4. FEI Number
20-1769307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VINA, JOSE SR.
16414 NW 89 PLACE
MIAMI, FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2356 West 80 St.
Bay # 6

City HIALEAH **FL** Zip Code 33016

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 _____ Jose Vina, Sr. 12-9-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VINA, JOSE SR 16414 NW 89 PLACE MIAMI, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2356 West 80 St., Bay # 6 HIALEAH, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE M. VINA - V/P ☐ Change ☒ Addition 2356 West 80 St., Bay # 6 HIALEAH, FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T. Roberts DEC 20
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500062222315 12/16/05--01024--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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 it 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 _____ Jose Vina, Sr. 12-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #