

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000040872

1. Entry Name
LAWSTIN CONCRETE, INC.



Principal Place of Business
31850 COUNTY ROAD 42
DELAND, FL 32724

Mailing Address
31850 COUNTY ROAD 42
DELAND, FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052006

REIN-P

CR2E098 (11/05)

06



City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINCHEW, LAWTON A
31850 COUNTY ROAD 42
DELAND, FL 32724

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

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, 2007, 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 PD ☐ Delete
NAME MINCHEW, LAWTON A
STREET ADDRESS 31850 COUNTY ROAD 42
CITY-STATE-ZIP DELAND, FL 32724

☐ Change ☐ Addition
600080932666
10/18/06--01005--022 **150.00

TITLE STD ☒ Delete
NAME DAVIS, AUSTIN T
STREET ADDRESS 1639 CENTER STREET
CITY-STATE-ZIP DELAND, FL 32720

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☒ Addition
STD
Shannon Minchew
31850 County Road 42
Deland FL 32720

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-06

Date

Daytime Phone #