

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000079151

1. Entity Name  
HHH CONCRETE, INC.



FILED  
08 NOV -4 AM 10:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3420 NW 4TH ST  
GAINESVILLE, FL 32609

Mailing Address  
3420 NW 4TH ST  
GAINESVILLE, FL 32609

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

10302005 REIN 100137614151 (1/07)

4. FEI Number

APPLIED FOR 20-290571

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, RICHARD N  
3470 NW 4TH ST  
GAINESVILLE, FL 32609

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HUDSON, RICHARD N  
STREET ADDRESS 3420 NW 4TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete  
NAME HUDSON, RICHARD N JR  
STREET ADDRESS 3420 NW 4TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE D ☐ Delete  
NAME HUDSON, ROBERT N  
STREET ADDRESS 3420 NW 4TH ST  
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE ☐ Delete  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100137614151  
CITY-ST-ZIP 11/04/08--01025--015 \*\*758.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #