

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # P05000079151

1. Corporation Name

HHH CONCRETE INC

2. Principal Office Address - No P.O. Box #

3420 NW 4TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

3420 NW 4TH ST

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

GAINESVILLE

Zip

32609

Country

US

Zip

32609

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 06-01-2005

5. FEI Number

20-2910571

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD N HUDSON SR

Street Address (P.O. Box Number is Not Acceptable)

3420 NW 4TH STREET

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32609

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 08-17-2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RICHARD N HUDSON SR	3420 NW 4TH ST	GAINESVILLE, FL 32609
D	RICHARD N HUDSON JR	3420 NW 4TH ST	GAINESVILLE, FL 32609

10. E-mail Address: HHHCONCRETEINC@GMAIL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-2011

Date

352-318-0911

Daytime Phone #

8/23