


2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

06

DOCUMENT # P05000103104 1. Entity Name N&J CONCRETE INC						FILED 06 DEC 20 AM 9:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3152 GAINER RD CHIPLEY, FL 32428 US				Mailing Address 3152 GAINER RD CHIPLEY, FL 32428 US			
2. Principal Place of Business 920 Nearing Hills Rd. Suite, Apt. #, etc.				3. Mailing Address 920 Nearing Hills Rd. Suite, Apt. #, etc.			
City & State Chipley FL		City & State Chipley FL		4. FEI Number 20-3185913		Applied For <input type="checkbox"/> Not Applicable	
Zip 32428		Country USA		Zip 32428		Country USA	
6. Name and Address of Current Registered Agent NADERY, NATHAN 3152 GAINER RD CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name Vaughn F. Johnson Street Address (P.O. Box Number is Not Acceptable) 920 Nearing Hills Rd. City Chipley FL Zip Code 32428			
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 <i>Nathan Nadery</i> DATE 11/16/2006 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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 P <input type="checkbox"/> Delete NAME NADERY, NATHAN STREET ADDRESS 3152 GAINER RD CITY-ST-ZIP CHIPLEY, FL 32428				TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Nathan Nadery STREET ADDRESS 938 Alisia Lane CITY-ST-ZIP Chipley, FL 32428			
TITLE VPD <input type="checkbox"/> Delete NAME JOHNSON, VAUGHN STREET ADDRESS 3152 GAINER RD CITY-ST-ZIP CHIPLEY, FL 32428				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Vaughn F. Johnson STREET ADDRESS 920 Nearing Hills Rd. CITY-ST-ZIP Chipley, FL 32428			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Vaughn F. Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							