

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -1 PM 3: 55

REINSTATEMENT *06*



11272006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P05000125745</b> 1. Entity Name <b>RAM.CONCRETE.PUMPING., INC.</b>					
Principal Place of Business <b>501 HARTSELL AVE APT 92 LAKELAND, FL 33801</b>			Mailing Address <b>501 HARTSELL AVE APT 92 LAKELAND, FL 33801</b>		
2. Principal Place of Business <i>1675 S. Molner Rd.</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Valrico FL</i>		City & State 			
Zip <i>33594</i>		Zip 		Country 	
Country 		Country 		4. FEI Number <i>20-3515538</i>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KEITH, W CURTIS 1722 STAYSAIL DRIVE VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			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	<i>P</i> <b>MATHURIN, RONIS</b> <b>501 HARTSELL AVE, APT 92</b> <b>LAKELAND, FL 33815</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <b>MATHURIN, RONIS</b> <i>1675 So. Molner Rd</i> <b>Valrico, FL 33594</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President</i> <b>ambrose mathurin</b> <i>1675 So. Molner Rd</i> <b>Valrico FL 33594</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Ronis A. Mathurin</i></b> <div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <i>11/27/06</i>  <small>Date</small> </div> <div>   <small>Daytime Phone #</small> </div> </div>					