


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000018775

1. Entity Name  
ALL IN CONCRETE CRAFTERS, INC.

The seal of the State of Mississippi is located in the bottom right corner of the document. It is a circular emblem featuring a central figure, likely a personification of justice or a historical figure, surrounded by the words "GREAT SEAL OF THE STATE OF MISSISSIPPI" and the date "JANUARY 9, 1821".

FILED

07 OCT 17 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2081 SW 81 AVE MIAMI, FL 33155	2081 SW 81 AVE MIAMI, FL 33155

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
-----	---------	-----	---------

6. Name and Address of Current Registered Agent		
		Name

HERNANDEZ, LEONEL B 2081 SW 81 AVE	Street Address
---------------------------------------	----------------

MIAMI, FL 33155

	City
--	------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and is not subject to the obligations of registered agent

SIGNATURE \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

<b>FILE NOW!!! FEE IS \$150.00</b>	
------------------------------------	--

After January 1, 2008, Fee will be \$300.00		
12	OFFICERS AND DIRECTORS	14

10. OFFICERS AND DIRECTORS		11.	
TITLE	P <input type="checkbox"/> Delete	TITLE	
NAME	HERNANDEZ, LEONEL R	NAME	

NAME	HERNANDEZ, LEONEL B	NAME	
STREET ADDRESS	2081 SW 81 AVE	STREET ADDRESS	
CITY, ST, ZIP	MIAMI, FL 33155	CITY, ST, ZIP	

CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	

NAME		NAME
STREET ADDRESS	M. L.	STREET ADDRESS

CITY ST ZIP	1/10/18	<input type="checkbox"/> Delete	CITY ST ZIP
TITLE			TITLE

NAME		NAME
STREET ADDRESS		STREET ADDRESS

CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	

NAME	NAME
STREET ADDRESS	STREET ADDRESS

CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	

NAME	NAME
STREET ADDRESS	STREET ADDRESS

CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	

NAME	NAME
STREET ADDRESS	STREET ADDRESS

CITY ST-ZIP		CITY ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 of the Securities Exchange Act of 1934, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100520071 FEIN-P-1110828098 (1/07) 02

**REINSTATEMENT**

4. FEI Number 204284410 EW	Applied For
	Not Reinstated
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
FL	Zip Code

red agent, or both, in the State of Florida. I am familiar with, and accept

---

(red when reinstating) DATE

	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
200110897752		
10/17/07--01088--008	**300.00	

☐ Change    ☐ Addition

☐ Change    ☐ Addition

☐ Change    ☐ Addition

☐ Change    ☐ Addition

☐ Change ☐ Addition

I, \_\_\_\_\_, certify that the information furnished on this form is true and correct; that I am an officer or director of the corporation, partnership, or other entity, and that my name appears on the return; and that I am not the owner of a substantial part of the corporation, partnership, or other entity.

$\Gamma_{\text{alt}}$	$\Gamma_{\text{alt}} \text{ (true) } \Gamma_{\text{true}} \#$
-----------------------	---