## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # Po70000 3 0 6 5 4 i. Corporation Name			2001 APR −3 P 1:35
On Point Concrete Services Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Sox #	3. Mailing Office Address		,
4T3FOIDBOIMENDOUS ROAD	9838 OID Barmer Dows ROLD		CR2E081 (12/08)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
95	95		orated or Qualified ness in Florida 3-7-07
City & State	City & State	5. FEI Numbe	
Jackson ville FL	Jacksonville 1-L	4	Not Applicable
32756 Duvan	Zip 32256 Country	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Matthew Markovich		☐ The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you	
9838 OID Barmeadows Road		are certifying the prior notices were not	
Sulte, Apt. #, Etc.		received and requesting the reinstatement fee be waived.	
Sacksonville	State Zip Code FL 32256	tee de	waived.
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 REGISTERED AGENT MUST SIGN			Date 4 -2-09
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		City / <b>Stat</b> e / Zip
P Matthew Markovice	9738 010 Baym capous Roo	D #95	Sax FL 32756
	TNT	20 04/03	00148560642 /0301028002 **500.00
REINSTATEMENT			
	08-01	240 04703	00148560642 /0301026003 **400.00
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
10. 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 filling 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: Matter Markovick 4-2-09 904-566-8839  BIGNATURE: Matter Markovick 4-2-09 904-566-8839  BigNature And Typed or Printed Name of Signing Officer or Director Date Daytime Phone #			