

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000030654

1. Corporation Name

On Point Concrete Services Inc.

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

4838 Old Baymeadows Road

Suite, Apt. #, etc.

95

City & State

Jacksonville FL

Zip

32256

Country

USA

3. Mailing Office Address

4838 Old Baymeadows Road

Suite, Apt. #, etc.

95

City & State

Jacksonville FL

Zip

32256

Country

USA

7. Name and Address of Current Registered Agent

Name

Matthew Markovich

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

4838 Old Baymeadows Road

Suite, Apt. #, Etc.

95

City

Jacksonville

State

FL

Zip Code

32256

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

Matthew Markovich

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 Officer and/or Director	City / State / Zip
P	Matthew Markovich	4838 Old Baymeadows Road #95	Jax FL 32256

REINSTATEMENT

08-09
ASB

200148560642
04/03/09--01026--002 **500.00

200148560642
04/03/09--01026--003 **400.00

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 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., 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:

Matthew Markovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-09

Date

904-566-8839

Daytime Phone #

FILED

2009 APR -3 P 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)