

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000025714

**FILED**  
**Jul 11, 2014**  
**Secretary of State**

**Entity Name:** MASTERS CONCRETE PUMP INC

**Current Principal Place of Business:**

345 JONES RD  
JACKSONVILLE, FL 32220 US

**New Principal Place of Business:**

**Current Mailing Address:**

345 JONES RD  
JACKSONVILLE, FL 32220 US

**New Mailing Address:**

**FEI Number:** 45-4803648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAL ACCOUNTING SERVICE  
144 ARLINGTON ROAD S  
SUITE 2  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** RICHARD DIAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MASTERS, TIMOTHY  
**Address:** 345 JONES RD  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TIMOTHY MASTERS

PRES

07/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date