

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000003784

1. Entity Name
LA STELLA CONCRETE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 11:53

Principal Place of Business
1000 S ALHAMBRA CIR
#1
NAPLES, FL 34103 US

Mailing Address
PO BOX 11503
NAPLES, FL 34191-1503

REINSTATEMENT 05-06



2. Principal Place of Business
La Stella Concrete Inc.
3445 52nd Ave NE
Suite, Apt. #, etc.
Naples FL

3. Mailing Address
Gerald La Stella
3445 52nd Ave NE
Suite, Apt. #, etc.
Naples FL

02102006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0635193
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA STELLA, GERALD J
1000 S ALHAMBRA CIR
#1
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
La Stella, Gerald J
Street Address (P.O. Box Number is Not Acceptable)
3445 52nd Ave NE
City
Naples FL Zip Code
34120

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 [Signature] DATE 2-14-06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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	DP LA STELLA, GERALD J 1000 ALHAMBRA CIR 1 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600066383286 02/22/06--01026--012 **308.75
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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.

SIGNATURE: [Signature] DATE 2-14-06 239-353-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #