

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000011316

1. Entity Name
MOBLET THOMPSON CONCRETE, INC.



Principal Place of Business
1552 HIALEAH ST.
ORLANDO, FL 32808

Mailing Address
POB 585117
ORLANDO, FL 32852 US

2. Principal Place of Business

3. Mailing Address

PO BOX 585568
ORLANDO, FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32858 ORANGE

01192005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3425527

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, EGBERT A.
1552 HIALEAH STREET
ORLANDO, FL 32808

Name

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

City

FL

Zip Code

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

Egbert A. McLeod

(NOTE: Registered Agent signature required when reinstating)

1-19-05

DATE

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
D MOBLET, MCLEOD
STREET ADDRESS
1552 HIALEAH STREET
CITY-ST-ZIP
ORLANDO, FL 32808 ☒ Delete

TITLE
NAME
P MCLEOD, EGBERT A. ☒ Change ☐ Addition
STREET ADDRESS
1552 HIALEAH STREET
CITY-ST-ZIP
ORLANDO FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900045965589
02/03/05--01013--006 **308.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Egbert A. McLeod

1-19-05

4072903212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #