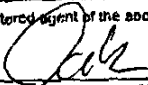
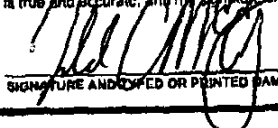


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 OCT -6 AM 10:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000033407 1. Corporation Name Top Notch Concrete, Inc.					
2. Principal Office Address 1194 Old Dixie Hwy., #20 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 7033 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/14/1997	
City & State Lake Park, Florida		City & State West Palm Beach, Florida		5. FEI Number 65-0744014 Applied For Not Applicable	
Zip 33403	Country USA	Zip 33405	Country USA	6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Daryl Cramer & Associates, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard					
Suite, Apt. #, Etc. Suite 508					
City Palm Beach Gardens				State FL	Zip Code 33410-2758
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  Date 10/3/03 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D,P,T	Fennell, R. Brian	1194 Old Dixie Hwy., #20		Lake Park, FL 33403	
D,VP,S	McColgin, Todd C.	1194 Old Dixie Hwy., #20		Lake Park, FL 33403	
REINSTATEMENT 03 11 TS					
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 under section 119.07(3)(i), 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: 		Todd McColgin		Date 06/3/2003 561 585-8515	
SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					