
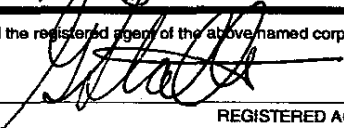


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P97000047941			
<b>1. Corporation Name</b> Big T concrete Cutting west coast INC.			
<b>2. Principal Office Address</b> 1661 NW 61 Ave		<b>3. Mailing Office Address</b> Same 1661 NW 61 Ave	
<b>Suite, Apt. #, etc.</b> NA		<b>Suite, Apt. #, etc.</b> NA	
<b>City &amp; State</b> MARGATE, FLA		<b>City &amp; State</b> MARGATE, FLA	
<b>Zip</b> 33063	<b>Country</b> USA Broward	<b>Zip</b> 33063	<b>Country</b> USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5/30/97		<b>5. FEI Number</b> 6507 68600	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Gene Stoller			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1661 NW 61 Ave			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> MARGATE		<b>State</b> FL	<b>Zip Code</b> 33063
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 3/24/04	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PRES	Jason Hawes	1661 NW 61 Ave	MARGATE, FLA 33063
VP	Gene Stoller	1661 NW 61 Ave	MARGATE, FLA 33063
T	Loren Stoller	1661 NW 61 Ave	MARGATE, FLA 33063
<b>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.</b>			
<b>SIGNATURE:</b> Jason Hawes		<b>Date</b> 3/24/04	<b>Daytime Phone #</b> 954-975-8962
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:00

REINSTATEMENT 00-04

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