

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 14 AM 10:30

DOCUMENT # **P97000089722**

1. Corporation Name

TOTAL CONCRETE SERVICES, INC

2. Principal Office Address

9425 ALVERNON DR

Suite, Apt. #, etc.

3. Mailing Office Address

6509 NAUTICAL ISLE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

HUDSON, FL

Zip

34652

Country

US

Zip

34667

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/98

5. FEI Number

59-3478256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID W. HENSLEY

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

6509 NAUTICAL ISLE

Suite, Apt. #, Etc.

City

HUDSON

**State
FL**

**Zip Code
34667**

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	TODD H. HENSLEY	9425 ALVERNON DR.	NEW PORT RICHEY, FL 34652
VP	ROBERT FLOWER	2759 TERRACE DR. N.	CLEARWATER, FL 34619
SEC/ TREAS	DAVID W. HENSLEY	6509 NAUTICAL ISLE	HUDSON, FL 34667

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:

[Signature]

DAVID W. HENSLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Daytime Phone #

727-869-2117

CR2001 (9/01)

Total Concrete Services, Inc
6509 Nautical Isle
Hudson, FL 34667

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

9 January, 2002

Dear Sirs:

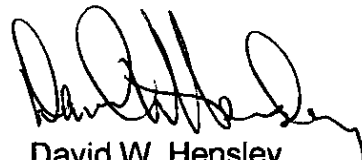
During 1999 we changed our business address and, as a result, no longer received the Uniform Business Report form from your office. These forms were returned to you by the postal service. Being unaware that this was an annual requirement, we have not filed for the years 2000 and 2001.

Please find enclosed a completed Corporation Reinstatement form and payment of \$450 for the years 2000-2002. We've been informed that you can waive the \$600 reinstatement fee because of the confusion created with a new address.

Thank you for your cooperation in helping us clear up this matter.

Please note that we have changed corporate officers.

Yours Truly

A handwritten signature in black ink, appearing to read 'David W. Hensley', written over a horizontal line.

David W. Hensley
Secretary/Treasurer