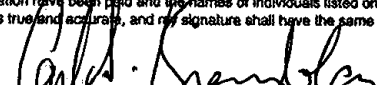


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000005135			
1. Corporation Name KREMBLAS CUSTOM CEMENT, INC.			
2. Principal Office Address P.O. Box 614		3. Mailing Office Address P.O. Box 614	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Englewood, FL		City & State Englewood, FL	
Zip 34295-614	Country U.S.A.	Zip 34295-614	Country U.S.A.
4. Date incorporated or Qualified To Do Business in Florida 1/16/98		5. FEI Number 65-0807466	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
		7. Name and Address of Current Registered Agent	
		Name Robert A. Dickinson	
		Street Address (P.O. Box Number is Not Acceptable) 460 S. Indiana Ave.	
		Suite, Apt. #, Etc.	
		City Englewood,	
		State FL	Zip Code 34223
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 3/28/2001	
REGISTERED AGENT MUST SIGN			
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
P/S/T/D	Carl S. Kremblas	P.O. Box 614	Englewood, FL 34295-614
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: 		8-28-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

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