PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		RIDA DEPART Katherine Secretary DIVISION OF CO	of State	II .	FILED SECRETARY OF STAT ALLAHASSEE. FLORII 04 APR 22 PM 1: 12	
DOCUMENT # P99000065003 1. corporation Name L. P. Jefferson, Jeffs Concrete, Inc					•	
2. Principal Office Address 6823 Purhell C+. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		500034376915 04/28/0401014016 **450.00		
0		Same		4. Date Incorporated or Qualified To Do Business in Florida		
City & State To N. Fl		City & State Same		5. FEI Number	nE/11	Applied For Not Applicable
Zip Country	n Zip	ame	Country	6. CERTIFICATE	OF STATUS DESIRED S375 A	iditional Fee required
32005 Lev	1 0		Same dress of Current Register	<u> </u>	[678]	erilicate of/Status
Name Lebnard P. Jefferson Street Address (Pp. Box Number is Not Acceptable) U & 23 Purnel Cf Suite, Apt. #, Etc. City Tallahacter State FL 37305						
Signature of Registered Agent (Agent Agent						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City (State / 7 in						
Titles Officers a		Officer and/or Directo		City / State / Z	ip	
presider Leonard P Jefferson 6823 Purnell Ct Tall, FI 32305						
Sec. Frazier Jefferson Jr. 2840 Londolach Road Tall Fl 32308						
Higher Emanuel B. Jefferson 2540 Hill Lake Drive Tall, F132366						
REINSTATEMENT 02-04						
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						