


2009 FOR PROFIT CORPORATION REINSTATEMENT

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|---|--|---|
| DOCUMENT # S76109 | |  |
| 1. Entity Name JAMES D. SHORT CONCRETE, INC. | | |
| Principal Place of Business 9850 SANDALFOOT BLVD. SUITE 124 BOCA RATON, FL 33428-6645 | | Mailing Address 9850 SANDALFOOT BLVD. SUITE 124 BOCA RATON, FL 33428-6645 |
| 2. Principal Place of Business - No P.O. Box # 9162 C SW 5TH STREET | | 3. Mailing Address 9162 C SW 5TH STREET |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |

FILED
09 APR 27 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182009 REIN-P CR2E068 (107)

| | | | | | |
|--|-----------------------|--|-----------------------|---|--|
| City & State BOCA RATON, FLORIDA | | City & State BOCA RATON, FLORIDA | | 4. FEI Number 65-0281414 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33428 | Country USA | Zip 33428 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent SHORT, JAMES D. 9850 SANDALFOOT BLVD. SUITE 124 BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name JAMES D SHORT Street Address 9162 C SW 5TH STREET City BOCA RATON State FL Zip Code 33428 | |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/09
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHORT, JAMES D. 9850 SANDALFOOT BLVD. BOCA RATON, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JAMES D SHORT CONCRETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES D SHORT 9162 C SW 5TH STREET BOCA RATON FLORIDA 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/09 ^{1st} (708) 274-5588
Date Daytime Phone

561 479 0295
2nd