


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000020398 1. Entity Name SHAE L GARVIN OR DERICK L COOPER TRACHOE AND SKIDLOADER SERVICE LLC	
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FILED

2007 MAY 10 PM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7105 FAIRLANE HUDSON, FL 34667	Mailing Address 7105 FAIRLANE HUDSON, FL 34667
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02142007 REIN-LLC	CR2E101 (1/07)
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable

City & State	City & State	Zip	Country
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6. Name and Address of Current Registered Agent COOPER, DERICK L 7105 FAIRLANE HUDSON, FL 34667	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DERICK L	NAME	700103095017
STREET ADDRESS	7105 FAIRLANE	STREET ADDRESS	05/23/07--01010--006 **50.00
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVIN, SHAE L	NAME	700103095017
STREET ADDRESS	7105 FAIRLANE	STREET ADDRESS	05/23/07--01010--007 **150.00
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT 06-07
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 3/21/04 3:00 PM DAYTIME PHONE: 889-4664 H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3 206-0816 C