PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS										
DOCUMENT # L06000102610 1. Limited Liability Company's Name PABLO'S HALULING, LLC								5) 10/0	00136688225 7/0801006002 **392.50	
•	el Office Addr	3. Meiling Office Address 2412 SOUTH 37TH STREET				_	CR2E041 (10/08) 4. State/Country of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	FLORIDA 5. Date Organized or Qualified			
City & State	PIERCE, F	City & State FORT PIERCE, FL					To Do Business in Florida 10/20/2006 6. FEI Number Applied For			
Žip 34981	<u> </u>	Country USA	Zip 34981		Coun	-	_	59-22 111 66 Not Applicable 7. CERTIFICATE OF STATUS DESIRED SS 00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent										
Name PABLO B MACIAS								A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
Street Address (P.O. Box Number is Not Acceptable) 2412 SOUTH 37TH STREET										
Sulte, Apt. #, Etc.										
City FORT PIERCE State FL 3						Zip Code 34981		reinstatement be waived.		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								ccept the obligat	ons of Chapter 608, F.S. Date SEPTEMBER 30, 2008	
10. Names and Street Addresses of Managing Members/Managers										
Titles	Name of Managing Members/Managers		ers	Street Address of Each Managing Member/Mana			ach anag	er	City / State / Zip	
MGRM	PABLO B MACIAS			2412 SOUTH 37TH STREET			EE	T	FORT PIERCE, FL 34981	
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REINSTATEMENT 2007, 2008									P 2:	
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under certh.										
Signature of Managing Member/Manager 1 Ablo Managing Member/Manager 1 Date 09/30/2008 Daytime Phone # 772-216-1319										
Typed or printed name of signing Managing Member/Manager PABLO B MACIAS										