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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — Jim Smith — Secretary of State — Division of Corporations

L99000003584

FILED

02 NOV -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500008780795
11/04/02--01058--022 **155.00

1. DOCUMENT # L99000003584

Name and Mailing Address

0006427 01 FP 0.352 **PRSRT TO 0 0615 33563-544406

UNITED INDUSTRIAL, L.L.C.
106 N.W. DRANE STREET
PLANT CITY FL 33563-5444

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business
106 N.W. DRANE STREET
PLANT CITY FL 33566

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/18/1999

6. FEI Number
65-0925330
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

ROOKS, EDWARD M
106 N.W. DRANE STREET
PLANT CITY FL 33566

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Edward M Rooks Date 10-30-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ROOKS, EDWARD M	106 N.W. DRANE STREET	PLANT CITY FL
MEM	ROOKS JR, ISSAC F	106 N.W. DRANE STREET	PLANT CITY FL
MEM	ROMAN, RICHARD M	STE A, 205 N. PARSONS AVE.	BRANDON FL
		REINSTATEMENT 02	

12. 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 oath.

Signature of Managing Member/Manager Edward M Rooks Date 10/31/02 Daytime Phone # 813-752-2113

Typed or printed name of signing Managing Member/Manager Edward M. Rooks