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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

M98000001083

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M98000001083

Name and Mailing Address

0006684 01 FP 0.352 **PRSRT T1 0 0615 01460-112801

ASPHALT PRODUCTION LLC
C/O THE MIDDLESEX CORPORATION
ONE SPECTACLE POND ROAD
LITTLETON MA 01460-1128

11/4 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 09/24/1998

Principal Place of Business: 110 C.R. 470, OKAHUMPKA FL 34762

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-0866071 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
City: Plantation FL Zip Code: 33324

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: Lauren Kreatz LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY Date: 10/24/02

REGISTERED AGENT MUST SIGN

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

400008770804
11/04/02--01015--002 **150.00

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PEREIRA, ROBERT W	ONE SPECTACLE POND ROAD	LITTLETON MA 01460
V	APONAS, ALFRED S	18-A SOUTH SHAKER ROAD	HARVARD MA 01451
VTAS	JACOBSON, ROBERT N	99 CRANBERRY CIRCLE	SUDBURY MA 01776
VS	MABARDY, ROBERT L	10 PEARL STREET	LEXINGTON MA 02173
VAS	MANCUSO, MICHAEL J JR	1102 LINMAR AVENUE	FRUITLAND PARK FL 34731

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: Robert W. Pereira Date: 10/23/02 Daytime Phone #: (978) 742-4400 ext. 1214

Typed or printed name of signing Managing Member/Manager