

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10/15/14

14 OCT 15 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700265468317

CR2E041 (1/14)

14

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
M99000000028
Sandvik Mining and Construction USA, LLC

2. Principal Office Address - No P.O. Box # 300 Technology Court Suite, Apt. #, etc.		3. Mailing Office Address 300 Technology Court Suite, Apt. #, etc.	
City & State Smyrna, Florida		City & State Smyrna, Florida	
Zip 30082	Country USA	Zip 30082	Country USA

4. State/Country of Formation
Delaware / USA

5. Date Organized or Qualified To Do Business in Florida
January 8, 1996

6. FEI Number 593545694	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

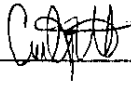
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

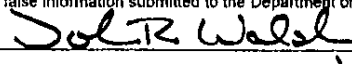
Signature of Registered Agent  Courtney Williams
Date 10.14.14
REGISTERED AGENT MUST SIGN
Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Paul Painter	300 Technology CT	Smyrna, GA 30082
MGR	John Walsh	300 Technology CT	Smyrna, GA 30082

11. E-mail Address: gary.hohenberger@sandvik.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date Oct 13 2014 Daytime Phone # 404-589-3839
Typed or printed name of signing Authorized Representative/Manager JOHN R WALSH



CORPORATION SERVICE COMPANY

2072

ACCOUNT NO. : I20000000195

REFERENCE : 335832 8011721

AUTHORIZATION :

Spud DeMan

COST LIMIT : \$ 238.75

ORDER DATE : October 14, 2014

ORDER TIME : 9:48 AM

ORDER NO. : 335832-005

CUSTOMER NO: 8011721

REINSTATEMENT

NAME: SANDVIK MINING AND
CONSTRUCTION USA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
14 OCT 15 PM 1:45