

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L000000006597

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

03 MAR 18 PM 4:23

720

DOCUMENT # L00000006597

1. Limited Liability Company's Name  
International Barge and Equipment Company, LLC

**REINSTATEMENT** 2002-2003

2. Principal Office Address 385 Riverbend Road Suite, Apt. #, etc.		3. Mailing Office Address 385 Riverbend Road Suite, Apt. #, etc.	
City & State Shelbyville, TN Zip 37160 Country USA		City & State Shelbyville, TN Zip 37160 Country USA	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/07/00	
6. FEI Number 58-2549896	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Richard K. Jones, c/o Moseley, Warren, Prichard & Parrish

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

Suite, Apt. #, Etc.

City Jacksonville

State FL Zip Code 32202

9. 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 Richard K. Jones Date 3-11-03

REGISTERED AGENT MWS SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M/VP/COO	Kenneth E. Gstohl	7320 St. Rd. 13 N.	St. Augustine, FL 32092
M/S/T	John B. Staltsman, Jr.	5569 Knob Road	Nashville, TN 37209
M/P	G. E. Thornton	115 Middleton Circle	Nashville, TN 37215
M/CFO	Robert R. Newton	385 Riverbend Road	Shelbyville, TN 37160
<b>REINSTATEMENT</b> 2002-2003			

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 oath.

Signature of Managing Member/Manager Kenneth E. Gstohl Date 3-14-03 Daytime Phone # 904-284-7264

Typed or printed name of signing Managing Member/Manager Kenneth E. Gstohl, Vice President

CR2E041 (10/02)