

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

L00000011745

FILED

1. DOCUMENT # L00000011745

2002 OCT 31 AM 10:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0000988 01 FP 0.352 **PRSRT T4 0 0615 33009-202204



TROPICAL ASPHALT PRODUCTS, LLC
1904 SOUTH 31ST AVENUE
HALLANDALE FL 33009-2022

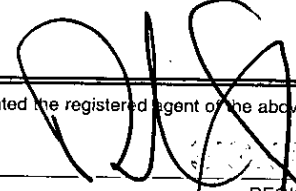


2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/27/2000	
Principal Place of Business 1904 SOUTH 31ST AVENUE HALLANDALE FL 33009	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 74-2985031	Applied For Not Applicable
8. Name and Address of Current Registered Agent ZEGELBONE, RICHARD 1904 SOUTH 31ST AVENUE HALLANDALE FL 33009		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	


CR2E084 (8/02)

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
100008733891 10/31/02--01110--00 FL #1580491	

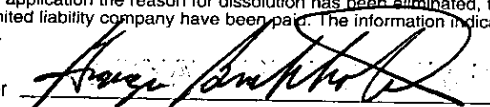
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 10-28-02

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
P	ZEGELBONE, RICHARD	1904 SOUTH 31ST AVENUE	HALLANDALE FL 33009
MGR	BUCKHOLD, GEORGE	1904 SOUTH 31ST AVENUE	HALLANDALE FL 33009
REINSTATEMENT 2002			
			

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  Date 10/23/02 Daytime Phone # (954) 983-3434

Typed or printed name of signing Managing Member/Manager GEORGE BUCKHOLD