


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L00000011745**  
1. Limited Liability Company's Name  
**TROPICAL ASPHALT PRODUCTS, LLC**

2. Principal Office Address <b>1904 S.W. 31st Avenue</b>		3. Mailing Office Address <b>1904 S.W. 31st Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hallandale, FL</b>		City & State <b>Hallandale, FL</b>	
Zip <b>33009</b>	Country <b>USA</b>	Zip <b>33009</b>	Country <b>USA</b>

CR2E041 (8/05)

4. State/Country of Formation <b>Florida, USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>09/27/00</b>	
6. FEI Number <b>74-2985031</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <b>Richard Zegelbone</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1904 S.W. 31st Avenue</b>	
Suite, Apt. #, Etc.	
City <b>Hallandale, FL</b>	State / Zip Code <b>FL 33009</b>

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 \_\_\_\_\_ Date **01/03/07**

REGISTERED AGENT MUST 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
MGR	Richard Zegelbone	1904 S.W. 31st Avenue	Hallandale, FL 33009
Partner	George Buckhold	1904 S.W. 31st Avenue	Hallandale, FL 33009

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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 \_\_\_\_\_ Date **01/03/07** Daytime Phone # **954-983-3434**

Typed or printed name of signing Managing Member/Manager **Richard Zegelbone**