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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY
FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
CORPORATIONS

L00000011745

FILED
03 NOV 13 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011745

Name and Mailing Address

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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	6. FEI Number 74-2985031	Applied For Not Applicable
City, State, Zip		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		9. Name and Address of New Registered Agent	
ZEGELBONE, RICHARD 1904 SOUTH 31ST AVENUE HALLANDALE FL 33009		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

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: SIGNATURE REQUIRED Date: 11-8-03

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
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REINSTATEMENT 03			
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12. I certify that I am managing member/manager of 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: SIGNATURE REQUIRED Date: 11-8-03 Daytime Phone #: (954) 983-3434

Typed or printed name of signing Managing Member/Manager: RICHARD ZEGELBONE

CR2E084 (7/03)