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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003

0009455 01 PP 0.352 *PRSK1 H2 0 0810 C1512
 Gibbs Excavating & Land Clearing, L.L.C.
 1294 Timberlane Rd.
 Tallahassee FL 32312-1765



2. New Mailing Address <u>4500 Tree Care Way</u> City, State, Zip <u>Tallahassee FL 32303</u>		4. State/Country of Formation FL																																					
Principal Place of Business 1294 TIMBERLANE RD. TALLAHASSEE FL 32312		5. Date Organized or Qualified To Do Business in Florida 12/08/2000																																					
3. New Principal Place of Business Address <u>4500 Tree Care Way</u> City, State, Zip <u>Tallahassee FL 32303</u>		6. FEI Number 59-3685209																																					
8. Name and Address of Current Registered Agent GIBBS, BRIAN D 1294 TIMBERLANE RD. TALLAHASSEE FL 32312		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																					
9. Name and Address of New Registered Agent 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 <u>X Brian D Gibbs</u> Date <u>1-30-03</u> REGISTERED AGENT MUST SIGN																																					
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 40%;">Street Address of Each Managing Member/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>GIBBS, BRIAN D</td> <td>1294 TIMBERLANE RD <u>4500 Tree Care Way</u></td> <td>TALLAHASSEE FL 32312 <u>32303</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	P	GIBBS, BRIAN D	1294 TIMBERLANE RD <u>4500 Tree Care Way</u>	TALLAHASSEE FL 32312 <u>32303</u>																												
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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 <u>X Brian D Gibbs</u> Date <u>1-30-03</u> Daytime Phone # <u>850-544-4422</u>																																							