


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 AUG 29 P 2: 25 SECRETARY OF STATE 800134326308 08/11/08--01049--004 ***416.25 CR2E041 (12/07)	
DOCUMENT # L01000001196					
1. Limited Liability Company's Name BRUNTON TRUCKING LLC					
2. Principal Office Address - No P.O. Box # 12092 MURRE AV Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation PASCO CITY, FL	
City & State WEEKI WACHEE, FL		City & State WEEKI WACHEE, FL		5. Date Organized or Qualified To Do Business in Florida 2/8/2001	
Zip 34614	Country HERNANDO	Zip 34614	Country HERNANDO	6. FEI Number 59-3694099	
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 THOMAS M. BRUNTON SR.					
Street Address (P.O. Box Number is Not Acceptable) 12092 MURRE AV					
Suite, Apt. #, Etc.					
City WEEKI WACHEE		State FL	Zip Code 34614		
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 Thomas M. Brunton Sr.				Date 8/7/08	
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	
MEM	THOMAS M. BRUNTON SR.	12092 MURRE AV.		WEEKI WACHEE FL, 34614	
REINSTATEMENT 2006 - 2008					
REINSTATEMENT 06-08					
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 Thomas M. Brunton Sr.				Date 8/7/08	
Daytime Phone # 352 597 6782					
Typed or printed name of signing Managing Member/Manager THOMAS M. BRUNTON SR.					