PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| DOCUMENT # LONDOCOCINGO 1. Limited trability Company's Name BRUNTON TRUCKING LLC 2. Principal Office Address - No P.O. Box N 2. Mailing Office Address 2. Mailing Office Address 2. Mailing Office Address 2. Mailing Office Address 3. Mailing Office Address 3. Mailing Office Address 4. State/Country of Formation 4. State/Country of Formation 5. Date Office Office Office Address 6. FEI Number Forda 2 8 200 6. FEI Number 59 - 369 40 9 9 Not Applied For State 100 Not Applie | ble nree |
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| 2. Principal Office Address - No P.O. Box # 2. Mailing Office Address 2092 MURRE AY | ble nree |
| 2. Principal Office Address - No P.O. Box # 2092 MURRE PV | ble nree |
| 2. Principal Office Address - No P.O. Box # 2092 MURRE PV | ble nree |
| Suite, Apt. #, etc. | ble nree |
| City & State Country Zip Country Zip Country 7. CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Language Average Agent Name Suite, Apt. #, Etc. Language Average Agent Street Address (P.O. Box Number is Not Acceptable) Language Average Agent Street Address (P.O. Box Number is Not Acceptable) Language Agent Agent Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) Language Agent Suite, Apt. #, Etc. | ble nree |
| City & State WELK: WA CIFEL, FL Zip Country Zip Country Zip Country Zip Country T. CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) 12092 MURRE AV Suite, Apt. #, Etc. City & State City & State City & State Country Country T. CERTIFICATE OF STATUS DESIRED Street Address (P.O. Box Number is Not Acceptable) In circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 | ble nree |
| Zip Country Zip Country 7. CERTIFICATE OF STATUS DESIRED Shame and Address of Current Registered Agent Name THOMAS M. BRUNTON Sc. Street Address (P.O. Box Number is Not Acceptable) 12092 MURKE AV Suite, Apt. #, Etc. 59-3694099 Not Applicat For a Certificate of Status Desired for a Certificate O | ble nree |
| 346/4 HERNANDO 8. Name and Address of Current Registered Agont Name THOMAS M. BRUNTON SR. Street Address (P.O. Box Number is Not Acceptable) 12097 MURRE HV Suite, Apt. #, Etc. 5500 Additional Fee read for a Certificate of State for | U 5 |
| Name THOMAS M. BRUNTON SR. Street Address (P.O. Box Number is Not Acceptable) 12097 MURKE BV Suite, Apt. #, Etc. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 | |
| THOMAS M. BRUNTON SR. Street Address (P.O. Box Number is Not Acceptable) 12097 MURKE HV Suite, Apt. #, Etc. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 | t I |
| Streef Address (P.O. Box Number is Not Acceptable) 12097 MURRE AV Suite, Apt. #, Etc. receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 | . 1 |
| Suite, Apt. #, Etc. not received and requesting the \$100 | ; [|
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| WEEK: WACHEE FL 34614 | ı |
| 9. 1, being appointed the registered agent of the above named limited sability company, am familiar with and accept the obtigations of Chapter 608, F.S. | 닉 |
| Signature of Registered Agent Momus M. Bounton St. REGISTERED AGENT MUST SIGN Date 8/7/08 | _ |
| 10. Names and Street Addresses of Managing Mambers/Managers | 4 |
| Titles Name of Street Address of Each Managing Members/ Managers Managing Member/ Manager , City / State / Zlp | |
| MORN THOMAS M. BRUNDASE 12692 MURRE AV. WEEK! WACHEE | |
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| REINSTATEMENT 2006 - 2008 PERSTATEMENT 06 | \exists |
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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 filling this reinstallative 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 tegal effect as if made under oath. | t I |
| Signature of Manager Konsus M. Brushouts. Date 8/7/08 Daytime Phone# 352 597 678. Typed or printed name of signing Managing Member/Manager THOMAS M. BRUNTON Se. | لر |
| Managing Member/Manage/ /Longuage W Longuage W Date 0 Daytime Phone # 250 1 1 610 | 4 |