

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 FEB 25 AM 11:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000030362660

03/12/04--01020--038 **250.00

DOCUMENT # L01000011717

1. Limited Liability Company's Name

C. HOWARD WILSON Asphalt Paving, LLC

2. Principal Office Address

1605 W. Charles Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1605 W. Charles Ave

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33563

Country

Hillsborough

Zip

33563

Country

Hillsborough

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

7/16/2001

6. FEI Number

59-2328810

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C. Howard Wilson

Street Address (P.O. Box Number is Not Acceptable)

1605 W. Charles Ave

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

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

Howard Wilson

REGISTERED AGENT MUST SIGN

Date

2/11/04

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	C. Howard Wilson	1605 W. Charles Ave	Plant City, FL 33563

REINSTATEMENT 2002-04

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

Howard Wilson

Date

2/11/04

Daytime Phone #

813-754-1197

Type or printed name of signing Managing Member/Manager

C. Howard Wilson

CR2E041 (10/02)