

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 L01000018042
 18042

1. DOCUMENT # L01000018042

02 DEC 13 AM 9:59

Name and Mailing Address

0006198 01 FP 0.352 **PRSRT T9 0 0615 32605-514645



RUSTLER'S LIVESTOCK HAULING, LLC
 2445 NW 14TH PLACE
 GAINESVILLE FL 32605-5146



REINSTATEMENT 2002

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/19/2001	
Principal Place of Business 2445 NW 14TH PLACE GAINESVILLE FL 32605	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WATSON, WILLIAM B III 527 EAST UNIVERSITY AVE. GAINESVILLE FL 32601	9. Name and Address of New Registered Agent Name Michael J. Fields Street Address (P.O. Box Number is Not Acceptable) 2445 NW 14th Place City Gainesville FL Zip Code 32605
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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 Michael J. Fields Date 12/11/02
 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
MGRM	Michael J. Fields	2445 NW 14th Place	Gainesville, FL 32605
MGRM	Margaret Fields	2445 NW 14th Place	Gainesville, FL 32605
<p>REINSTATEMENT 2002</p> <p>200009505332 12/13/02--01054--003 **190.00</p>			

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 Michael J. Fields Date 12/11/02 Daytime Phone # 352/538-6292

Typed or printed name of signing Managing Member/Manager Michael J. Fields

CR2E084 (8/02)