

*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000003140

1. Limited Liability Company's Name

SEVILLE MATERIAL TRANSFER COMPANY, L.L.C.

2. Principal Office Address

1330 N. HIGHWAY 17

Suite, Apt. #, etc.

City & State

SEVILLE, FL

Zip

32773

Country

USA

3. Mailing Office Address

P.O. BOX 366

Suite, Apt. #, etc.

City & State

THOMASTON, CT

Zip

06787

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/01/2001

6. FEI Number

04-3630845

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

RICHARDSON, KEVIN F ESQ CLYATT & RICHARDSON PA

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

1551 FORUM PLACE

Suite, Apt. #, Etc.

SUITE 300-F

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

Date

4.8.5

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
MGRM	JAMES J. CUNIFF	1300 BEAR ISLAND DR.	WEST PALM BEACH, FL 33409
MGRM	RAYMOND M. CAPPELLA	47 MAPLE AVE.	THOMASTON, CT 06787

REINSTATEMENT 2003-05

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

Date

4.7.5

Daytime Phone #

561 689.9059

Typed or printed name of signing Managing Member/Manager

JAMES J. CUNIFF