

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 10 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020882

1. Limited Liability Company's Name

CHEM-OIL AWAY DISTRIBUTORS, LLC.

2. Principal Office Address

1809 Weakfish Way

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32411

Country

USA

3. Mailing Office Address

P.O. Box 19069

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32417

Country

USA

4. State/Country of Formation

Florida Bay County USA

5. Date Organized or Qualified
To Do Business in Florida

8/15/2002

6. FEI Number

NONE

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

DERRICK G. BENNETT

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

112 EAST THIRD COURT

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code
32401

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

Derrick G. Bennett

REGISTERED AGENT MUST SIGN

Date February 17, 2004

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
MGR	TOMMY WATTS	3212 West 23rd Street	Panama City, FL 32405
MGR	Diane Jackson	3212 West 23rd Street	Panama City, FL 32405

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

Diane M. Jackson

Date 2/17/04 Daytime Phone# (850)

Typed or printed name of signing Managing Member/Manager

DIANE M. JACKSON

CR2E041 (10/02)