


L02000023753

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023753

1. Limited Liability Company's Name  
Lennon and Sons Trucking LLC

600024283026

10/30/03--01023--012 \*\*150.00

<b>2. Principal Office Address</b> 5370 Gate Lake rd Suite, Apt. #, etc. City & State Tamarac FL Zip 33319 Country USA		<b>3. Mailing Office Address</b> 5370 Gate Lake rd Suite, Apt. #, etc. City & State Tamarac FL Zip 33319 Country USA		<b>4. State/Country of Formation</b> Florida USA <b>5. Date Organized or Qualified To Do Business in Florida</b> 9-13-2002 <b>6. FEI Number</b> 06-1645376 Applied For Not Applicable <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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**8. Name and Address of Current Registered Agent**

Name  
Rupert Lennon

Street Address (P.O. Box Number is Not Acceptable)  
5370 Gate Lake rd

Suite, Apt. #, Etc.

City  
Tamarac

State  
FL

Zip Code  
33319

**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 Rupert Lennon Date 10-18-2003

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
PRE	Rupert Lennon	5370 GATE LAKE RD	TAMARAC FL 33319
VP	Careta Lennon	5370 GATE LAKE RD	TAMARAC FL 33319

**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 Rupert Lennon Date 10-17-03 Daytime Phone # 754-224-1647

Typed or printed name of signing Managing Member/Manager Rupert Lennon

CR2E041 (10/02)