
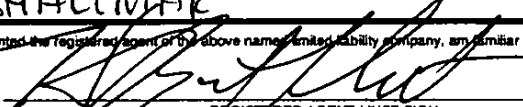
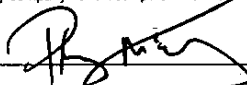


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000025346			
1. Limited Liability Company's Name CMB EQUIPMENT HOLDINGS, LLC			
2. Principal Office Address 1104 EGLIN PKWY Suite, Apt. #, etc.		3. Mailing Office Address 1104 EGLIN PKWY Suite, Apt. #, etc.	
City & State SHALIMAR FL		City & State SHALIMAR FL	
Zip 32579	Country USA	Zip 32579	Country USA
4. State/Country of Formation FL / USA		5. Date Organized or Qualified To Do Business in Florida 9/24/02	
6. FEI Number 55-0801151		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name H. BART FLEET % FLEET, SPENCER + KILPATRICK			
Street Address (P.O. Box Number is Not Acceptable) 1104 EGLIN PARKWAY			
Suite, Apt. #, Etc. 9000759 89859 05/09/06 01005 015 **200.00			
City SHALIMAR		State FL	Zip Code 32579
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 5/10/06	
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	CHRIS MCCARTY	11715 NW 113 th DR	GAINSVILLE, FL 32606
MGRM	PHIL MCCARTY	11715 NW 113 th DR.	GAINSVILLE, FL 32606
MGRM	JULIUS TOBIN	11715 NW 113 th DR.	GAINSVILLE, FL 32606
MGRM	GREG RIDDLE JR.	98 10 th AVENUE	SHALIMAR FL 32579
MGRM	TIM MULBERRY	11715 NW 113 th DR.	GAINSVILLE, FL 32606
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 5/10/06	Daytime Phone # 352-219-7013
Typed or printed name of signing Managing Member/Manager PHIL MCCARTY			

REINSTATEMENT 05-06

CMB EQUIPMENT HOLDINGS LLC
RE: LLC REINSTATEMENT
1104 EGLIN PKWY / SHALIMAR, FL 32579

May 10, 2006

Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: LLC Reinstatement

To Whom It May Concern:

It recently came to our attention that our LLC was inactive due to non-payment of an annual report fee. We, unfortunately, never received a notice to pay a fee (hence, we apparently haven't paid the fee since the LLC was formed in 2002, apologies!).

Your customer service department informed me that you would be willing to waive the \$100 reinstatement fee if we paid the 4 years of annual fees (\$200) and we included this letter, so we are doing just that.

We really appreciate your help and if you could get us reinstated as soon as possible it would be of tremendous help to us. We are trying to raise some money this week to make our next CD, which we will happily send you a copy of if you would like us to ☺

You can call me, Phil McCarty, at 352-219-7213 with any questions.

Thank you very much,

A handwritten signature in black ink, appearing to read "Phil" with a stylized flourish underneath.