

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

L03000023934

DOCUMENT # L03000023934	
1. Entity Name LONG ENGINEERING AND CONSULTING, LLC	



FILED
05 MAY -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7510 LEON AVE. TEMPLE TERRACE, FL 33637	Mailing Address 7510 LEON AVE. TEMPLE TERRACE, FL 33637
---	---

2. Principal Place of Business 1909 HARRIET DR Suite, Apt. #, etc.	3. Mailing Address 1909 HARRIET DR Suite, Apt. #, etc.
--	--

05052005 REIN-LLC CR2E101 (6/04)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 82303	Zip 32303
Country USA	Country

4. FEI Number 35-2209424	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LONG, DAVID V 7510 LEON AVE. TEMPLE TERRACE, FL 33637	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Not Applicable) 1909 Harriet Dr. City Tallahassee FL Zip Code 32303
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE 5/5/5

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
-----------------------------	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOMR - MARM LONG, DAVID V 7510 LEON AVE. TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1909 HARRIET DR Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

100054223311
05/10/05--01080--005 **100.00

T. Brumbley MAY 5 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
---	--

SIGNATURE:	DATE 5/5/5	DAYTIME PHONE 201-8356
------------	------------	------------------------