


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000029360		
1. Entity Name HEAVY METAL EQUIPMENT OF NORTH FLORIDA, LLC		

Principal Place of Business 31805 BLUE STAR HWY MIDWAY, FL 32343	Mailing Address 31805 BLUE STAR HWY MIDWAY, FL 32343
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 31805 BLUE STAR HWY Suite, Apt. #, etc.
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City & State Midway FL	City & State Midway FL
Zip 32343	Country USA

6. Name and Address of Current Registered Agent RUSSELL, GREG P 3050 FAIRBANKS FERRY RD. HAVANA, FL 32333		7. Name and Address of New Registered Agent Name: GREG Russell Street Address (P.O. Box Number is Not Acceptable): 31805 BLUE STAR HWY City: Midway FL Zip Code: 32343	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSELL, GREG P 3050 FAIRBANKS FERRY RD. HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GREG Russell 31805 BLUE STAR HWY Midway FL 32343 <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	09/05/08--01046--001 **277.50 800135427928 09/05/08--01046--001 **277.50 <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
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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____

FILED
08 SEP -3 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09032008 REIN-LLC CR2E101 (1/07)

4. FEI Number 13-4260616	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT

07-08



9/2/08