PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 17 P 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000048406

1. Limited Liability Company's Name

MICHAEL LINN HAULING LLC

2. Principal Office Address	3. Mailing Office Address
2708 SATURN RD	2708 SATURN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL	City & State: BROOKSVILLE, FL
Zip: 34604 Country: HERNANDO	Zip: 34604 Country: HERNANDO

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida NOV. 26, 2003

6. FEI Number: 13-4270501 ☐ 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: MICHAEL LINN

Street Address (P.O. Box Number is Not Acceptable): 2708 SATURN RD

Suite, Apt. #, Etc.:

City: BROOKSVILLE State: FL Zip Code: 34604

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: Michael Linn Date: 10-11-05
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
Mgr Owner	MICHAEL LINN	2708 SATURN RD	BROOKSVILLE, FL 34604
	REINSTATEMENT 05	700060886167 10/17/05--01066--001 **155.00	
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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: Michael Linn Date: 10-11-05 Daytime Phone #: 3522791308

Typed or printed name of signing Managing Member/Manager: MICHAEL LINN