


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 13 AM 9:09

DOCUMENT # L03000050584 1. Entity Name HARRIS WELL DRILLING L.L.C					
Principal Place of Business 14202 LEE ROAD WIMAUMA, FL 33598			Mailing Address 14202 LEE ROAD WIMAUMA, FL 33598		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10072005 REIN-LLC CR2E101 (6/04)	
City & State		City & State		4. FEI Number 51-0492124	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, TYRONE 14202 LEE ROAD WIMAUMA, FL 33598				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>Wynette Harris</u> Wynette Harris Oct. 08, 2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HARRIS, TYRONE 14202 LEE ROAD WIMAUMA, FL 33598				TITLE NAME STREET ADDRESS CITY-ST-ZIP 500060577285 10/13/05--01034--021 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM HARRIS, WYNETTE 14202 LEE ROAD WIMAUMA, FL 33598				TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 2005	
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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: Wynette Harris Wynette Harris 10/08/05 941- 812-0542 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					