PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE		FILED	
COMPANY REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	10 MAR 30 PM 2: 45	•
DOCUMENT # 60300005/6/0 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Sego Salvage and Land cleaning, LLC			
		800173705708 03/31/1001001014 **416.2	25
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (11/09)	
1174 Gamble Rd.	1174 Gamble Rd.	State/Country of Formation	
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Flonda	
Monticello, Florida Monticello, Ilonida		6. FEI Number Applied	For
Zip Country	Monteells, Florida Zip Country	31-1493280 Not App	
32344 Jefferson	32344 Jefferson	CERTIFICATE OF STATUS DESIRED [1: \$5.00 Additional Fee of for a Certificate of S	
8. Name and Address of Current Registered Agent		- \	
Name Danis W. Sego Sr.		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not	
Street Address (P.O. Box Number is Not Accept ble)		receive the prior notices. By checking to box, you are certifying the prior, notices we	his
Suite, Apt. #, Etc.		not received and requesting the \$1	
Monticello Florid	State Zip Code FL 32344	reinstatement be waived	
9. It 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 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/Mana	h City / State / Zip	
Mgm Savis W. Sego Sr. 1174 Samble 1		Rd. Morticello St. 3239	14
L. SELLERS			
		MAR 3 0 2010	
REINSTATEMENT 08-2010 EXAMINER			
11. E-mail Address			
12. 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 filling 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 Manager Sair N Sign 5R Date 1/5/10 Daytime Phone # 850 509 8913			
Typed or printed name of signing Managing Member/Manager			