


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L03000053603		
1. Entity Name NORTH FL. WELL DRILLING LC		


Principal Place of Business 24396 LONE STAR CT. TALLAHASSEE, FL 32310	Mailing Address 24396 LONE STAR CT. TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2008 NOV 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102008 REIN-LLC CR2E101 (1/07)

4. FEI Number 35-2221289	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 SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name <u>Carla N. Smalley</u> Street Address (P.O. Box Number is Not Acceptable) <u>24396 Lone Star Court</u> City <u>Tallahassee</u> FL Zip Code <u>32310</u>	
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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 Carla N. Smalley DATE 11-20-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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	MGRM SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138254289 11/25/08--01010--002 **138.75
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: Carla N. Smalley DATE 11-20-08 DAYTIME PHONE # 575-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE