




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT  |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|--|-----------------------------------|---|--|
| DOCUMENT # L04000008405  |                                   |   |  |
| 1. Limited Liability Company's Name<br><br>Bliss Boring and Construction, LLC  |                                   |   |  |
| 2. Principal Office Address - No P.O. Box #<br>1813 Holly Oaks Lake Rd. East   |                                   | 3. Mailing Office Address<br>P.O. Box 675   |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.   |  |
| City & State<br>Jacksonville, FL   |                                   | City & State<br>Macclenny, FL   |  |
| Zip<br>32225   | Country<br>USA                    | Zip<br>32063  | Country<br>USA                                   |
| 4. State/Country of Formation<br>FL/ USA   |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>01/29/2004  |  |
| 6. FEI Number  |                                   | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>   |                                   | \$5.00 Additional Fee required for a Certificate of Status  |  |
| 8. Name and Address of Current Registered Agent  |                                   |   |  |
| Name<br>Jeff Bliss, MGR  |                                   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>1813 Holly Oaks Lake Road East   |                                   |   |  |
| Suite, Apt. #, Etc.  |                                   |   |  |
| City<br>Jacksonville   |                                   | State<br>FL   | Zip Code<br>32225                                |
| 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<br>   |                                   | Date<br>08/21/07  |  |
| 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  | Jeff Bliss                        | Rt 1 Box 1780 St. Marys Bluff Rd  | St. George, GA 31562                             |
|  |                                   |   | 800109152078<br>09/07/07--01001--005 **280.00    |
|  |                                   |   | #200-ADMS<br>#5-CWS                              |
|  |                                   |   | REINSTATEMENT 2005-07                            |
| 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<br>  |                                   | Date<br>08/21/07  | Daytime Phone # (904) 838-9382 or (912) 843-8174 |
| Typed or printed name of signing Managing Member/Manager<br>Jeff Bliss   |                                   |   |  |