

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/18/08--01003--012 **277.50
CR2E041 (10/08)

DOCUMENT # L04000013096

1. Limited Liability Company's Name

Ralph Pigott Trucking & Land Clearing LLC

2. Principal Office Address - No P.O. Box #

136 Pigott Woods Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

136 Pigott Woods Dr.

Suite, Apt. #, etc.

City & State

Crawfordville, Fl.

City & State

Crawfordville, Fl.

Zip

32327

Country

USA

Zip

32327

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 2/18/04

6. FEI Number

20-0743189

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
Ralph F. Pigott, Jr.

Street Address (P.O. Box Number is Not Acceptable)
136 Pigott Woods Dr.

Suite, Apt. #, Etc.

City
Crawfordville, Fl.

State
FL

Zip Code
32327

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11-18-08

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
MGRM	Ralph F. Pigott, Jr.	136 Pigott Woods Dr.	Crawfordville, Fl. 32327

REINSTATEMENT

07-08

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

Date 11-18-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Ralph E. Pigott, Jr.