

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -11 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000041475**

1. Limited Liability Company's Name

Petry Rail Services, LLC

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

104 Antler Pt. Ct.

Suite, Apt. #, etc.

3. Mailing Office Address **104 Antler Pt Ct**

Petry Rail Services

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach Fl.

City & State

Ponte Vedra Fl

Zip

32082

Country

USA

Zip

32082

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

4/29/2005

6. FEI Number

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 **Charles David Petry**

Street Address (P.O. Box Number is Not Acceptable)

104 Antler Point Court

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32082

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

Charles David Petry

REGISTERED AGENT MUST SIGN

Date

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
MGM	Petry David	104 Antler Pt Ct	Ponte Vedra Fl. 32082
			30012377653 04/16/08--01041--001 **78.00
			000120659320 03/20/08--01051--004 **138.75
<p>REINSTATEMENT Without Penalty 2006-2008 up 4/11/08</p>			

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

Charles David Petry

Date **3/14/2008**

Daytime Phone#

904-710-8487

Typed or printed name of signing Managing Member/Manager