



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000049321</b> 1. Entity Name <b>BILLY ALLEN TRACTOR SERVICE &amp; CONST., LLC</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em;">05 OCT -3 PM 12:35</div> <div style="font-size: 0.8em; margin-top: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>8750 OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303</b>				Mailing Address <b>8750 OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303</b>			
2. Principal Place of Business		3. Mailing Address		 <div style="font-size: 0.8em; margin-top: 5px;">10032005 REIN-LLC CR2E101 (6/04)</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ALLEN, WILLIAM B 8750 OLD BAINBRIDGE RD. TALLAHASSEE, FL 32303</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, WILLIAM B			NAME			
STREET ADDRESS	8750 OLD BAINBRIDGE RD.			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b> <i>William B Allen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<div style="font-size: 1.5em; font-weight: bold;">10-3-05</div> <div style="font-size: 1.2em;">562-5160</div> <div style="font-size: 0.8em; margin-top: 5px;">Date Daytime Phone #</div>			