

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 26 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # LD4000049191

1. Limited Liability Company's Name

Akins and Sons Trucking LLC

2. Principal Office Address

745 Pointe Court

Suite, Apt. #, etc.

Apt B

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

745 Pointe Court

Suite, Apt. #, etc.

Apt B

City & State

Tallahassee, FL

Zip

32308

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/22/04

6. FEI Number

20-1643787

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

Angela Moss Poole LLC

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

130 Salem Court

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32301

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

Angela M Poole

REGISTERED AGENT MUST SIGN

Date 10/24/06

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	Travis Akins	745 Pointe Court	Tallahassee, FL 32303

REINSTATEMENT

*2006
AB*

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

Travis Akins

Date 10/24/06

Daytime Phone # 850-514-0397

Typed or printed name of signing Managing Member/Manager Travis Akins