

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000073078					
1. Entity Name LANGSTON & SON LLC					
Principal Place of Business 2086 SMITH CREEK RD SOPCHOPPY, FL 32358			Mailing Address 2086 SMITH CREEK RD SOPCHOPPY, FL 32358		
2. Principal Place of Business - No P.O. Box # 509 Leo DR		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee		City & State		4. FEI Number 42-1647069	
Zip 32310		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGSTON, CLARENCE W SR. 2086 SMITH CREEK RD SOPCHOPPY, FL 32358				7. Name and Address of New Registered Agent Name: Derek Langston Street Address (P.O. Box Number is Not Acceptable): 509 Leo DR City: Tallahassee FL Zip Code: 32316	
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 the agent. SIGNATURE: DATE: _____ <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANGSTON, DEREK M 504 LEO DR. TALLAHASSEE, FL 32310	900103593718 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/31/07--01014--007 ***100.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

FILED

07 MAY 21 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05212007 REIN-LLC CR2E101 (1/07)

Applied For
Not Applicable

FL Zip Code 32316

REINSTATEMENT RUT