


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000010484		
1. Entity Name IRONBACK TRAILERS & EQUIPMENT, LLC		

Principal Place of Business 2109 WEST US HWY 90 SUITE 170-156 LAKE CITY, FL 32055	Mailing Address 2109 WEST US HWY 90 SUITE 170-156 LAKE CITY, FL 32055
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State



11282006 REIN-LLC CR2E101 (11/05)

4. FEI Number 83-0418085	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCLURE, MICHAEL B 2109 WEST US HWY 90 SUITE 170-156 LAKE CITY, FL 32055		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Michael B Mcclure DATE 1-5-07
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, MICHAEL B 2109 WEST US HWY 90 STE 170-156 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael B Mcclure DATE 1-5-07 DAYTIME PHONE # 386-344-5960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE