L05000049425

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000232023 3)))

H08000232023 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS
OCT. - 8 2008
EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

DPW

RECEIVED
08 OCT -8 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

TYSON MATERIAL TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

FILED
08 OCT -8 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000049425

1. Limited Liability Company's Name
Tyson Material Transport, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1151 Azalea Garden Road	1151 Azalea Garden Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Norfolk, VA	City & State: Norfolk, VA
Zip: 23502 Country: USA	Zip: 23502 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 15, 2005

6. FEI Number: 20-2673986 ☐ 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: Corporation Service Corporation

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☑ 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: Doreen Wallace Assistant Vice President 10/8/08
REGISTERED AGENT MUST SIGN

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
MGR	Russell A. Fink	1151 Azalea Garden Road	Norfolk, VA 23502

REINSTATEMENT
Ok 08

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 608.408, 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: RC Fink Date: 10/3/08 Daytime Phone #: 757-858-6523

Typed or printed name of signing Managing Member/Manager: Russell A. Fink, Vice President & Secretary

FILED
08 OCT -8 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT. 8. 2008 1:39PM C S C NO. 027 P. 2