

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000057458

**1. Limited Liability Company's Name**

Brothers Hauling LLC  
7100 Rampart way  
Pensacola, FL 32505

**2. Principal Office Address - No P.O. Box #**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

8590 Irongate way

Mobile, AL 3

36695

USA

**4. State/Country of Formation**

Florida / US

**5. Date Organized or Qualified  
To Do Business in Florida**

6-10-05

**6. FEI Number**

43-2083363

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

Michael J. Virgil

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

7100 Rampart way

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

☒ 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

Michael J. Virgil

REGISTERED AGENT MUST SIGN

Date

10/26/09

**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
<u>MGR</u>	<u>DAVID E. Virgil</u>	<u>16234 P.O. Box</u>	<u>Pensacola, FL 32505</u>

**REINSTATEMENT**

08-09  
Met

**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

David E. Virgil

Date

10/26/09

Daytime Phone #

904-588-6829

Typed or printed name of signing Managing Member/Manager

DAVID E. Virgil