
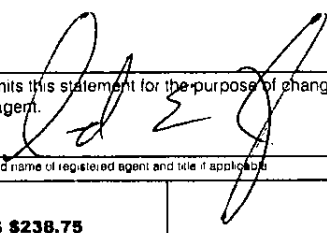
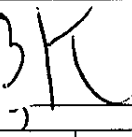
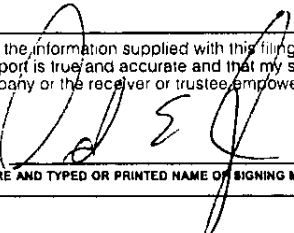


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 OCT 27 PM 4:42

<b>DOCUMENT # L05000057458</b> 1. Entity Name <b>BROTHERS HAULING, LLC</b>				 2011	
Principal Place of Business <b>7263 OLD BAINBRIDGE TALLAHASSEE, FL 32303</b>			Mailing Address <b>10681 NW 107TH ST. YUKON, OK 73099</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>8580 Iron Gate way</b> Suite, Apt. #, etc.			
City & State <b>Mobile, AL 36695</b>		4. FEI Number <b>43-2083363</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>36695</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>VIRGIL, MICHAEL J 7100 RAMPART WAY PENSACOLA, FL 32505</b>			7. Name and Address of New Registered Agent Name <b>DAVID E. Virgil</b> Street Address (P.O. Box Number is Not Acceptable) <b>7263 Old Bainbridge</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>10/27/11</b>					
<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50</b>		 2011		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIRGIL, DAVID E PO BOX 16234 PENSACOLA, FL 32505	<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 <b>300213752063</b> <b>10/28/11--01001--014 **477.50</b>		
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		
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		
<b>REINSTATEMENT 2011</b>					
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:  DATE <b>11/27/11</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		