

Please Review (both sides) of this form before completing this form.
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 AM 10 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500161086935
09/28/09--01049--001 **188.75

CR2E041 (12/07)

DOCUMENT # L 06000098344

2007

1. Limited Liability Company's Name

Alex Tractor Service LLC

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

3332 Franklin Street
Suite, Apt. #, etc.

3. Mailing Office Address

2152 Ben Street
Suite, Apt. #, etc.

City & State

Fort Myers, Florida
Zip 33916 Country Lee

City & State

Fort Myers, Florida
Zip 33916 Country Lee

4. State/Country of Formation

Florida - Lee County

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

707 ready established
CERTIFICATE OF STATUS DESIRED

Applied For

Not Applicable

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Alex Shallock Jr.

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

2152 Ben Street
Suite, Apt. #, Etc.

City Fort Myers

State FL

Zip Code

33916

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

Alex Shallock Jr.

REGISTERED AGENT MUST SIGN

Date 9-24-2009

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
MANAGER OWNER	Alex Shallock Jr.	2152 Ben Street	Fort Myers, FL 33916

REINSTATEMENT Without Penalty

2007, 2008 & 2009

nc 10/27

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

Alex Shallock Jr.

Date

9-24-2009

Phone #

(239) 334-8269

Typed or printed name of signing Managing Member/Manager

Alex Shallock Jr.