

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV -2 PM 28

REGISTRY OF CLERK
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # LO7000 004914

1. Limited Liability Company's Name

C. Wayne Toole And Family Trucking, LLC

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

1015 W Bell St

Suite, Apt. #, etc

APT 31

City & State

Avon Park, FL

Zip

33826

Country

3. Mailing Office Address

1015 W Bell St

Suite, Apt. #, etc

APT 31

City & State

Avon Park FL

Zip

33826

Country

4. State/Country of Formation

FL

US

5. Date Organized or Qualified
To Do Business in Florida

1-16-07

6. FEI Number

☐ 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

Charles W. Toole

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

1015 W Bell St

Suite, Apt. #, Etc.

APT 31

City

Avon Park

State

FL

Zip Code

33826

700187352027

11/02/10--01022--034 **238.75

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

Charles W. Toole

REGISTERED AGENT MUST SIGN

Date 11.02.2010

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
Mgmt	Charles W. Toole	1015 W Bell St APT 31	Avon Park, FL 33826

REINSTATEMENT 09/01/10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Charles W. Toole

Date

11.02.2010

Daytime Phone #

863.368.2639

Typed or printed name of signing Managing Member/Manager