

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAY 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/14/09--01013--012 ***377.50

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000027867

1. Limited Liability Company's Name
Quincy Trucking LLC

2. Principal Office Address - No P.O. Box # 16012 Sand Stone Rd.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fountain, FL		City & State	
Zip 32438	Country Bay	Zip	Country

4. State/Country of Formation
FL, Bay

5. Date Organized or Qualified To Do Business in Florida
3-14-07

6. FEI Number
68-0646204

7. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable

8. Name and Address of Current Registered Agent

Name
wEBB, cAMILLE

Street Address (P.O. Box Number is Not Acceptable)
16012 Sand Stone Rd.

Suite, Apt. #, Etc.

City
Fountain

State
FL

Zip Code
32438

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 *Camille Webb* Date *5-4-09*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	Webb, Camille	16012 Sand Stone Rd.	Fountain, FL 32438
REINSTATEMENT 0809			D. BRUCE
			MAY 28 2009
			EXAMINER

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 808.406, 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 *Camille Webb* Date *5-4-09* Daytime Phone # *850-258-8009*

Typed or printed name of signing Managing Member/Manager *Camille Webb*