Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
CUSTOM FABRICATION & TANKS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
L15000161653

CUSTOM FABRICATION & TANKS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
569 Edgewood Ave., South	569 Edgewood Ave., South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/23/2015

6. FEI Number: 47-5157019 ☐ 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: RAX CO.

Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street, Suite 3300

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kenneth M. Keefe, Vice President Date: 11/28/16

REGISTERED AGENT MUST SIGN Kenneth M. Keefe, Jr.

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Old Bluff Capital, Inc.	569 Edgewood Avenue South	Jacksonville, FL 32205

REINSTATEMENT

NOV 28 2016

R. HUNT

11. E-mail Address: dmccrum@ngwic.com ldavis@ngwic.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 11-23-2106 Daytime Phone #: 904-388-3561

Typed or printed name of signing Authorized Representative/Manager: Charles N. Hendrix, mbr mgr