


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L98000000011**

1. Limited Liability Company's Name

Gulf Coast Trucking, L.C.

2. Principal Office Address

422 Great Lakes St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32305

Country

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/2/98

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

300073754283
05/02/06--01063--002 **250.00
CR2E041 (8/05)

FILED
06 APR 24 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Andrew Green

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

422 Great Lakes St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

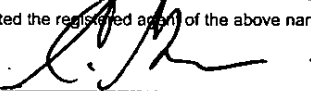
Zip Code

32305

300073754639
05/02/06--01063--003 **250.00

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



Date

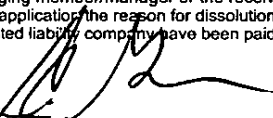
REGISTERED AGENT MUST SIGN

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
mgrm	Andrew Green	422 Great Lakes St	Tallahassee FL 32305
mgrm	Lillie Green	422 Great Lakes St	Tallahassee FL 32305
mgrm	Kendredge M ^{rs} Kinnon	422 Great Lakes St	Tallahassee FL 32305

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



Date

4/24/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager