PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000086934

1. Limited Liability Company's Name

DUST CONTROL PRODUCTS, LLC
UNIT 1, 10175 SIX MILE CYPRESS PARKWAY
FT MYERS, FL 33912

2. Principal Office Address	3. Mailing Office Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1999

6. FEI Number: 61-1352262 ☐ 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: JACK CRANFILL

Street Address (P.O. Box Number is Not Acceptable): UNIT 1, 10175 SIX MILE CYPRESS PKWY

Suite, Apt. #, Etc.:

City: FT MYERS, FL 33912 State: FL Zip Code:

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/15/04

CR2E041 (10/02)

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
MGR	JACK CRANFILL	113 REBEL DRIVE, P.O. Box 588	LOUISVILLE, KY 40056
	REINSTATEMENT 2003-2004		100038098584 06/18/04--01053--005 **200.00

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: [signature] Date: 6/15/04 Daytime Phone #: 502-523-0183

Typed or printed name of signing Managing Member/Manager: JACK CRANFILL