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(((H04000138864 3)))

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Brigham CT Corp

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LIMITED LIABILITY REINSTATEMENT
SOUTHEASTERN CONSTRUCTION & EQUIPMENT COMPANY, LLC

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 6, 2004

CT SYSTEM

SUBJECT: SOUTHEASTERN CONSTRUCTION & EQUIPMENT COMPANY, LLC
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # MO1000000094
 Name and Mailing Address

8007877 01 PP 0.132 **TNSAT T4 0 0015 37923-683005
 SOUTHEASTERN CONSTRUCTION & EQUIPMENT COMPANY, LLC
 8805 AMBLECOTE RD.
 KNOXVILLE TN 37923-6830



REINSTATEMENT 2002-2004

2. New Mailing Address 711 New Hwy 68 Suite C City, State, Zip Sweetwater TN 37874		4. State/Country of Formation TN
3. New Principal Place of Business Address 711 New Hwy 68 Suite C City, State, Zip Sweetwater TN 37874		5. Date Organized or Qualified To Do Business in Florida 01/12/2001
Principal Place of Business 8805 AMBLECOTE RD. KNOXVILLE TN 37923	6. FEI Number 82-1610241	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL		

10. 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: Connie Bryson Date: 7/2/04
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Name	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ken Campbell	711 New Highway 68 Suite C	Sweetwater, TN 37874
REINSTATEMENT 2002-2004			

12. I, the undersigned, am a managing member, officer, director or trustee and hereby certify that when this document is filed with the Secretary of State, the information contained herein is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Kenneth Campbell Date: 7-1-04 Telephone: 423-337-7776

FORM 6002

DIVISION OF CORPORATIONS
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