

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**REINSTATEMENT**

**M01000002454**

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # M01000002454

Name and Mailing Address

RECEIVED OCT 17 2003 DEC 22 AM 11:45  
LR 1/5/4

0016154 01 MB 0.309 \*\*AUTO T9 0 0615 37122-339360



HMA CONTRACTORS, LLC  
5760 OLD LEBANON DIRT ROAD  
MT JULIET TN 37122-3393



**REINSTATEMENT 2003**

2. New Mailing Address		4. State/Country of Formation TN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/29/2001	
Principal Place of Business 5760 OLD LEBANON DIRT ROAD MT JULIET TN 37122	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 62-1624149	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025692144 12/22/03--01089--004 **150.00 City FL Zip Code
---	---

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 Barbara A. Burke **SPECIAL ASSISTANT SECRETARY** Date 12/8/03  
REGISTERED AGENT MUST SIGN

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PENDLETON, MANN	5760 OLD LEBANON DIRT ROAD	MT JULIET TN
MGRM	RAINES, JAMES	5760 OLD LEBANON DIRT ROAD	MT JULIET TN
MGRM	RANDOLPH, MICHAEL	5760 OLD LEBANON DIRT ROAD	MT JULIET TN
<b>REINSTATEMENT 2003</b>			

12. 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 M. G. N. A. P. R. E. T. U. R. E. Date 11-25-03 Daytime Phone # 615/360-6008

Typed or printed name of signing Managing Member/Manager