2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 10 AM 8:17

DOCUMENT # M03000000066

1. Entity Name
OZBURN-HESSEY LOGISTICS, LLC

Principal Place of Business	Mailing Address
633 THOMPSON LANE NASHVILLE, TN 37204	633 THOMPSON LANE NASHVILLE, TN 37204

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number 62-1628798 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent NRAI Services, Inc.

SIGNATURE Christina Elaka Christina Elaka Assist. Secretary 12-03-2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OZBURN-HESSEY HOLDING COMPANY, LLC	NAME	
STREET ADDRESS	633 THOMPSON LANE	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE, TN 37204	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900042321059
STREET ADDRESS		STREET ADDRESS	10/29/04--01078--002 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	REINSTATEMENT 2004 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary Kimbell 10-26-04 615-401-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #