PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S	DEPARTMENT OF Secretary of State	STATE		FILE OCT -7 A	M 10: 28
DOCUMENT # M06000003924 1. Limited Liability Company's Name Gainey Equipment Services UC				SE TAL		OF STATE FLORIDA
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address			CR2E041 (12/07) 4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAme			Florida 5. Date Organized or Qualified To Do Business in Florida 7-17-06		
City & State Cairo Ga.	City & State			6. FEI Number Applied For Not Applicable		
39828 US	Zip	Country		7. CERTIFICATE O	F STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status
Name Address of Name Address of Name Company Company Number is Not Acceptable) Street Address of Open Number is Not Acceptable) Suite, Apt. #, Etc. City Tallahassee	State Zip	^{C∞⊕} 309	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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						
10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each						
Managing Members/Managers Mrm Chal Gainey		9 25th St. NE			Cairo (Ga 39828
HEMSTATE	MENT	07/08 Cus		3 ¢ 10/07.	001368 /0801017	3 94183 005 **565.00
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 discolution 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 gale. 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 9-22-05 Daytime Phone# Typed or printed name of signing Managing Member/Manager						