PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -2 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

L. SELLERS

OCT - 2 2008
CR2E041 (12/07)

EXAMINER

DOCUMENT # M06000004845

1. Limited Liability Company's Name
S.G. Coffey Well Service, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
409 Burnt Pine Rd	P.O. Box 2317
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brewton, AL	City & State: Brewton, AL
Zip: 36426 Country: Escambia	Zip: 36427 Country: Escambia

4. State/Country of Formation: Alabama

5. Date Organized or Qualified To Do Business in Florida: Sep 1 2006

6. FEI Number: 631270884 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☒ 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: 9/18/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

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Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	Lonnie Smith	403 Burnt Pine Rd.	Brewton, AL 36426
MGRM	Jennifer Smith	403 Burnt Pine Rd.	Brewton, AL 36426
MGRM	Sandra Coffey	409 Burnt Pine Rd	Brewton, AL 36426
MGRM	Edward Jernigan	409 Burnt Pine Rd	Brewton, AL 36426

REINSTATEMENT 07-08

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 608.408, 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: Sandra Coffey Date: 9-18-08 Daytime Phone #: 251-809-0344

Typed or printed name of signing Managing Member/Manager: _____

W08-44318