

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1. DOCUMENT # M99000000748

Name and Mailing Address

0006287 01 FP 0.352 **PRSR T9 0 0615 34470-114410



THURNHERR TRANSPORT LLC
5010 NE 7TH ST
OCALA FL 34470-1144

03 JAN -2 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000009783610
01/02/03--01036--003 **150.00



1/2 3002

2. New Mailing Address 1848 NE 63rd St City, State, Zip Ocala FL 34479		4. State/Country of Formation DE																													
Principal Place of Business 5010 NE 7TH ST Ocala FL 34470		5. Date Organized or Qualified To Do Business in Florida 05/18/1999																													
3. New Principal Place of Business Address Same City, State, Zip		6. FEI Number 31-1537247 Applied For Not Applicable																													
8. Name and Address of Current Registered Agent THURNHERR, PATRICK M 5010 NE 7TH ST Ocala FL 34470		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 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 <i>Patrick M Thurnherr</i> Date 12-27-02 REGISTERED AGENT MUST SIGN																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>THURNHERR, PATRICK M</td> <td>5010 NE 7TH ST</td> <td>OCALA FL 34470</td> </tr> <tr> <td>MGR</td> <td>THURNHERR, DENISE A</td> <td>5010 NE 7TH ST</td> <td>OCALA FL 34470</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	THURNHERR, PATRICK M	5010 NE 7TH ST	OCALA FL 34470	MGR	THURNHERR, DENISE A	5010 NE 7TH ST	OCALA FL 34470																
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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

Patrick M Thurnherr

Date 12-27-02 Daytime Phone # 352-8804-5095

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)