DOC ID ----> 202333301806

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 11/29/2023 | 202333301806 | REINSTATEMENT (REN) | 25.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

4732694
105 CHRIS LANE
GALLIPOLIS, OH 45631

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose
**4732694**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**A&D EXCAVATING & TRUCKING LLC**

and, that said business records show the filing and recording of:

| Document(s) | Document No(s): |
|---|---|
| **REINSTATEMENT** | **202333301806** |

**Effective Date: 11/29/2023**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of November, A.D. 2023.

**Ohio Secretary of State**

DOC ID ----> 202333301806

Form 525A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

# Reinstatement & Appointment of Agent

For a Foreign or Domestic Corporation or Limited Liability Company
For Failure to Maintain a Statutory Agent
(108-REN) & (111-FREA)

**Filing Fee: $25**

**Form Must Be Typed**

| | |
|---|---|
| **Name of Entity** | A&D EXCAVATING & TRUCKING LLC |
| **Entity Number** | 4732694 |

**Must complete this section**

New Statutory Agent Name and Address

JEFFERY A POPE
Name

105 CHRIS LANE
Mailing Address

GALLIPOLIS
City

OH
State

45631
Zip Code

**This section must be completed by domestic corporations and foreign and domestic limited liability companies.**

## Acceptance of Appointment

The Undersigned, JEFFERY A POPE , named herein as the

(Name of Statutory Agent)

Statutory agent for A&D EXCAVATING & TRUCKING LLC

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature JEFFERY A POPE

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

**Reinstatement must be signed by a corporate officer, or if a nonprofit corporation, then by an officer of three members in good standing. If a limited liability company, by one person authorized by the limited liability company.**

4732694

Signature

By (if applicable)

Print Name

**If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.**

Signature

By (if applicable)

Print Name

**If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.**

Signature

By (if applicable)

Print Name