

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L00000012836

FILED
 02 NOV 15 AM 10:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012836
 Name and Mailing Address

0002700 01 FP 0.352 **PRSRT T9 0 0615 33166-697579
 TRANSPORTING, LLC
 6555 NW 36 ST., STE. 304
 VIRGINIA GARDENS FL 33166-6975



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6555 NW 36 ST., STE. 304 VIRGINIA GARDENS FL 33166		5. Date Organized or Qualified To Do Business in Florida 10/20/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1048798	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PATRICIA MIRA, ADRIANA 9443 FOUNTAINEBLUE BLVD., #114 MIAMI FL 33172		9. Name and Address of New Registered Agent Name: ADRIANA PATRICIA MIRA Street Address (P.O. Box Number is Not Acceptable): 6555 N.W. 36 STREET. SUITE 304 City: VIRGINIA GARDENS FL Zip Code: 33166	
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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: *Patricia Mira* Date: 11-11-02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	PATRICIA MIRA, ADRIANA	9443 FOUNTAINEBLUE BLVD., #114	MIAMI FL 33172
P	Mira, Adriana Patricia	10720 NW 66 St apt 502	Miami, FL 33178
100009019171 11/15/02--01020--009 **155.00			

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: *Patricia Mira* Date: 11-11-02 Daytime Phone #: (305) 876-0010
 Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)