

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000019256

1. Limited Liability Company's Name

Lynn's Transport, LLC

300183820743
07/30/10--01021--001 **521.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 8205 SE CR 255		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lee, Fla.		City & State	
Zip 32059	Country USA	Zip	Country

4. State/Country of Formation US	
5. Date Organized or Qualified To Do Business in Florida 5-29-03	
6. FEI Number 11-3691181	<input type="checkbox"/> Applied For <input type="checkbox"/> 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			
Name Teresa Smith			
Street Address (P.O. Box Number is Not Acceptable) 8205 SE CR 255			
Suite, Apt. #, Etc. Lee			
City Lee	State FL	Zip Code 32059	

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

Teresa Smith

Date 7-30-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M&RM	Teresa Smith	8205 SE CR 255	Lee FL 32059
M&RM	Leon Bell	8205 SE CR 255	Lee, FL 32059

REINSTATEMENT 08-10 DB

11. E-mail Address: Lynnstrans@yahoo.com

(To be used for future annual report notifications)

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

Teresa Smith

Date 7-30-10

Daytime Phone # 850-971-4118

Typed or printed name of signing Managing Member/Manager

Teresa Smith