

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 3:57

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # ~~L0500008416~~ 884/10
1. Limited Liability Company's Name
ADD TRUCKING, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
9675 NW 26TH PL.
Suite, Apt. #, etc.
SUITE 5
City & State
SUNRISE
Zip 33322 Country USA

3. Mailing Office Address
9675 NW 26TH PL.
Suite, Apt. #, etc.
SUITE 5
City & State
SUNRISE
Zip 33322 Country USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 9/1/2005

6. FEI Number 562530962 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
Debra Byfield-Russell
Street Address (P.O. Box Number is Not Acceptable)
9675 NW 26TH PL.
Suite, Apt. #, Etc.
SUITE 5
City SUNRISE State FL Zip Code 33322

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 10/1/08
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
MGR	Debra Byfield-Russell	9675 NW 26TH PL. SUITE 5	SUNRISE/FLORIDA/33322
MGR	DONALD BYFIELD	9675 NW 26TH PL. SUITE 5	SUNRISE/FLORIDA/33322
MGR	DHALIA BYFIELD-WILLIAMS	9675 NW 26TH PL. SUITE 5	SUNRISE/FLORIDA/33322
MGR	CLEVON RUSSELL	9675 NW 26TH PL. SUITE 5	SUNRISE/FLORIDA/33322

REINSTATEMENT

200137669592
11/05/08--01027--017 **277.50 ✓

Without Penalty 2008 11/12 MR

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 608.406, 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 Debra Byfield-Russell Date 10/1/08 Daytime Phone # 94-530-1850
Typed or printed name of signing Managing Member/Manager DEBRA BYFIELD-RUSSELL