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APPLICATION FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Andra P. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 13 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # 9500000884

TRANSMODAL FREIGHT SYSTEM (FLORIDA) L.C.
85 ORIENT WAY
RUTHERFORD, NJ 07070

1a. Principal Place of Business Address
2263 NW 102nd Place
Miami, FL 33172-2520

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
MIAMI, FL.
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33172-2520
Country
U.S.A.

2a. Mailing Address
see 1a
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33172-2520
Country
U.S.A.

3. Date Organized or Qualified
1995
4. FEI Number
5. Date of Last Report
N/A

3a. State of Formation
FLORIDA
 Applied For
 Not Applicable
6. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
MAX KANTZER
~~85 Orient Way~~ 2263 NW 102 Place
~~Rutherford, NJ 07070~~ miami, Florida
33172

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

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 *[Signature]* Date

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Pres Mbr.	Max Kantzer	85 Orient Way	Rutherford, NJ 07070
VP Mbr.	Mike Spano	190 McKee St.	Florham Park, NJ 11001

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****238.75 ****238.75

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 *[Signature]* Date Daytime Phone #

②

Transmodal Freight Systems (Florida) L.C.
85 orient way
rutherford. new jersey 07070

phone: (201) 896-1222

fax: (201) 896-8892

November 12, 1996

Reinstatement Section
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Document # L95000000884

Gentlemen:

This will confirm our phone conversation with a gentlemen in your Office at which time we indicated to him that we had not received the May 10th, 1996 notice to file the 1996 annual report.

Since it is our first year of doing business in Florida and still struggling to break even, we would deeply appreciate if you would kindly waive the \$ 500 penalty fee assessed for reinstatement.

Enclosed you will find our check in the amount of \$ 238.75 reinstatement application fee together with said application.

We thank you in advance for your kind attention and consideration in this matter.

Sincerely,
TRANSMODAL FREIGHT SYSTEMS (FLORIDA) L.C.


Max A. Kantzer
President

Encl: