

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JAN -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000043595

1. Limited Liability Company's Name

QUICKFREIGHT TRANSPORT LLC

2. Principal Office Address

574 S.E. Capon Terrace

Suite, Apt. #, etc.

3. Meeting Office Address

574 S.E. Capon Terrace

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

Zip

34983

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

1/12/2003

6. FEI Number

20-0433910

☒ Applied for

Not Applicable

7. CERTIFICATE OF STATUS DESIRABLE

☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PARAY, BHOOPANDRA

Street Address (P.O. Box Number is Not Acceptable)

574 S.E. Capon Terrace

Suite, Apt. #, Lk

City

Port St. Lucie

State

FL

Zip Code

34983

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 680, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/03/04

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	PARAY, BHOOPANDRA	574 S.E. Capon Terrace	Port St. Lucie, FL 34983
MGR	PARAY, RAIWANTIE	574 S.E. Capon Terrace	Port St. Lucie, FL 34983
	PARAY RAIWANTIE		

REINSTATEMENT 2004

700043367007
12/13/04-01059-022 **\$100.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 680, 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 608.400, F.S., and that all liens 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

Date

12/03/04

Daytime Phone #

772-873-9313

Typed or printed name of signing Managing Member/Manager

PARAY, BHOOPANDRA

RAIWANTIE PARAY