2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000113484

1. Entity Name
PRIME TRUCKING, LLC

FILED
09 APR -7 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03092009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811	1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3090 Anquilla Ave	3090 Anquilla Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Clermont FL	Clermont FL
City & State	City & State
Zip 34711 Country USA	Zip 34711 Country USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLINCY, PAMELA 1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEWIS, KEVON G 1881 S. KIRKMAN ROAD #727 ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Address: 3090 Anquilla Avenue Clermont FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLINCY, PAMELA 1881 S. KIRKMAN ROAD #727 ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Address: 3090 Anquilla Avenue Clermont FL 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600148550476 04/03/09--01004--032 **277.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08-09	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBruce	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Pamela Clinc 3/ /09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #