

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 8:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000007336

Name and Mailing Address

0002837 01 AT 0.292 **AUTO T3 0 0615 32725-635582



J B MELEN TRANSPORT, LLC
1282 FOUNTAINHEAD DRIVE
DELTONA FL 32725-6355

600026046216
01/06/04--01005--013 **150.00



2. New Mailing Address 1172 W. WELLINGTON DR.		4. State/Country of Formation FL	
City, State, Zip Deltona, FL 32725		5. Date Organized or Qualified To Do Business in Florida 06/22/2000	
Principal Place of Business 1282 FOUNTAINHEAD DRIVE DELTONA FL 32725	3. New Principal Place of Business Address 1172 W. WELLINGTON DR.	6. FEI Number 59-3653373	Applied For Not Applicable
City, State, Zip Deltona, FL 32725		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, #B-1 PORT ORANGE FL 32127		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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] REQUIRED Date 12-26-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MELEN, JASON B	1282 FOUNTAINHEAD DRIVE	DELTONA FL 32725
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 [Signature] REQUIRED Date 12/26/03 Daytime Phone # 386-566-9645 Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT 2003

CR2E034 (7/03)