

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2001-2002



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 9:39

W/S/2

DOCUMENT # L00000008473

1. Limited Liability Company's Name

GMD TRANSPORTATION, LLC

9/28/01

2. Principal Office Address

14250 SW 62 ST

3. Mailing Office Address

14250 SW 62 ST

Suite, Apt. #, etc.

423

Suite, Apt. #, etc.

423

City & State

Miami FL

City & State

miami, FL

Zip

33183

Country

USA

Zip

33183

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

6/15/2000

6. FEI Number

05-1025597

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daisy Medina

800005638758-4

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

14250 SW 62 ST

-05/30/02-01008-006

****200.00 ****200.00

Suite, Apt. #, Etc.

Suite 423

City

Miami

State

FL

Zip Code

33183

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]

REGISTERED AGENT MUST SIGN

Date

1/30/02

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	DAISY MEDINA	14250 SW 62 ST # 423 miami, FL 33183	Miami FL 33183

REINSTATEMENT 2001-2002

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

2/1/02

Daytime Phone #

305-388-8202

Typed or printed name of signing Managing Member/Manager

DAISY MEDINA