

PLEASE READ AND COMPLETE THIS FORM.

**L00000009582**

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC 19 PM 4:13

DOCUMENT # **L-9582**

1. Limited Liability Company's Name  
**Carmal Trucking, LLC.**

2. Principal Office Address  
**6903 Alpert Drive**

3. Mailing Office Address  
**6903 Alpert Drive**

4. State/Country of Formation  
**FL / US**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32810**

Country  
**US**

Country  
**US**

Zip  
**32810**

Country  
**US**

5. Date Organized or Qualified To Do Business in Florida  
**2000**

6. FEI Number  
**31-1671548**

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name  
**Carlos A. Maldonado**

Street Address (P.O. Box Number is Not Acceptable)  
**6903 Alpert Drive**

Suite, Apt. #, Etc.

City  
**Orlando**

State  
**FL**

Zip Code  
**32810**

000004749470-3  
 -01/03/02--01047--019  
 \*\*\*150.00 \*\*\*150.00

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  
**12-18-01**

REGISTERED AGENT MUST SIGN

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
President	Carlos A. Maldonado	6903 Alpert Drive	Orlando, FL 32810
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**REINSTATEMENT 2001**

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  
**12-18-01**

Daytime Phone #  
**407-522-1904**

Typed or printed name of signing Managing Member/Manager  
**Carlos A. Maldonado**

CR2E041 (9/01)