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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — DEPARTMENT OF STATE — Secretary of State — DIVISION OF CORPORATIONS

L00000013433

FILED

02 NOV 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013433

Name and Mailing Address

0002789 01 FP 0.352 **PRSRT T9 0 0615 33172-283811

F & T TRANSPORT, L.L.C.
1211 NW 93RD CT
MIAMI FL 33172-2838

CR2E084 (8/02)

2. New Mailing Address
1225 N.W 93 ct
City, State, Zip
MIAMI FL 33172

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~ To Do Business in Florida
11/02/2000

Principal Place of Business
1211 NW 93RD CT
MIAMI FL 33172

3. New Principal Place of Business Address
1225 N.W 93 ct
City, State, Zip
MIAMI FL 33172

6. FEI Number APPLIED FOR ☐ 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

BRODIE, SIDNEY Z ESQ
7270 NW 12TH ST
PH-I
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name

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

000009006210
11/14/02--01071--002 **150.00

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 _____ Date _____

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
MGRM	AYALA, ANTHONY	~~1211~~ 1225 NW 93RD CT	MIAMI FL 33172

REINSTATEMENT 2002

11/18 ans

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 A. Ayala Date _____ Daytime Phone # 305 5937050

Typed or printed name of signing Managing Member/Manager