

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 JAN 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015340

1. Limited Liability Company's Name

Flores Boys Trucking

2. Principal Office Address

400 S. Rd 29

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2727

Suite, Apt. #, etc.

City & State

Felda, FL

City & State

LaBelle, FL

Zip

33930

Country

USA

Zip

33975

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1990

6. FEI Number

65-1002607

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

300004912413-1

Name

Juan Pablo Flores

-02/13/02-01002-001

****200.00 ****200.00

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

400 N. SR 29

Suite, Apt. #, Etc.

City

Felda

State
FL

Zip Code

33930

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 10/24/01

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	Juan Flores Sr.	400 N. SR 29	Felda, FL 33930
MGR	Jose Flores	400 N. SR 29	Felda, FL 33930
MGR	Refugio Flores	400 N. SR 29	Felda, FL 33930

REINSTATEMENT

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

Jose Flores

Date

10/24/01

Daytime Phone #

863-675-9355

Typed or printed name of signing Managing Member/Manager