L01000007239

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 23 PM 12:41

LR 09/30/04

DOCUMENT # L01000007239

1. Limited Liability Company's Name

FAITH ON WHEELS, LLC.

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
10391 W. OKEECHOBEE	6679 RACQUET CLUB DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH GARDENS	City & State: LAUDERHILL, FL
Zip: 33016 Country: U.S.A.	Zip: 33319 Country: U.S.A.

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 5/08/01

6. FEI Number: ☑ 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: DEVIN C. BROWN

Street Address (P.O. Box Number is Not Acceptable): 6679 RACQUET CLUB DR

400040065874
08/10/04--01097--002 **150.00

Suite, Apt. #, Etc.:

City: LAUDERHILL State: FL Zip Code: 33319

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: D BROWN
REGISTERED AGENT MUST SIGN

Date: 8/6/04

CR2E041 (10/02)

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
MGRM	SEAN MULLINGS	10391 W. OKEECHOBEE RD	HIALEAH GRDNS FL 33016
MGRM	JON BUNCH	10391 W. OKEECHOBEE RD	HIALEAH GRDNS FL 33016
		400040065874 10/01/04--01017--013 **50.00	
	REINSTATEMENT	2003-2004	

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: S. Mullings

Date: 8/6/04

Daytime Phone #: (954) 294-8952

Typed or printed name of signing Managing Member/Manager: SEAN MULLINGS