

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 03 JAN 24 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800010403618 01/21/03--01106--025 **155.00	
DOCUMENT # L01000010462					
1. Limited Liability Company's Name L.O. TRANSPORTATION LLC					
2. Principal Office Address 1411 Harness Horse Ln. Suite, Apt. #, etc. Apt. # 201 City & State Brandon, FL. Zip 33511 Country U.S.A.		3. Mailing Office Address 1411 Harness Horse Ln. Suite, Apt. #, etc. Apt. # 201 City & State Brandon, FL. Zip 33511 Country U.S.A.		4. State/Country of Formation Florida, U.S.A. 5. Date Organized or Qualified To Do Business in Florida 05/27/2001 6. FEI Number 65-1123618 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Gerstein & Gerstein Attorneys, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Hwy 700 S. Federal Hwy,		
Suite, Apt. #, Etc. Suite 203 Suite 200		
City Boca Raton	State FL	Zip Code 33432

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 Will R Date 1-10-2003

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
MGR	LUIS ALLES OTERO	4040 S.W. 145 TH AV.	MIAMI/FL/33027
MGR	PABLO EMILIO FERREROSA	1411 Harness Horse Ln. 201	Brandon / FL / 33511
REINSTATEMENT 02-03			
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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 Pablo E. Ferrerosa D Date 12-16-02 Daytime Phone # (813) 215-1828

Typed or printed name of signing Managing Member/Manager PABLO E. FERREROSA

CR25041 (9/01)