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
05 FEB 24 AM 9:59

DOCUMENT # L01000016592

1. Limited Liability Company's Name
SUPREME DRIVERS, LLC

2. Principal Office Address	3. Mailing Office Address
4409 HOLLOWAY MEADOWS LN.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL.	City & State: SAME
Zip: 33567 Country: HILLSBOROUGH	Zip: Country:

4. State/Country of Formation: FL. HILLSBOROUGH

5. Date Organized or Qualified To Do Business in Florida: 9/24/2001

6. FEI Number: 59-3745201 ☐ 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: JAMES BACON

Street Address (P.O. Box Number is Not Acceptable): 4409 HOLLOWAY MEADOWS LANE

Suite, Apt. #, Etc.:

City: PLANT CITY State: FL Zip Code: 33567

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: 1/27/05

REGISTERED AGENT MUST SIGN

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
MGR M	JAMES BACON	4409 HOLLOWAY MEADOW LN.	PLANT CITY, FL 33567
			02/28/05--01004--011 **205.00
			2/24
REINSTATEMENT	2004-05 W/P		MP

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: 1/27/05 Daytime Phone #: 813-477-0963

Typed or printed name of signing Managing Member/Manager: JAMES BACON

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REGISTERED AGENT - JAMES BACON
PHONE - 813-477-0963
FAX - 813-737-6402

I AM ASKING THAT THE REINSTATEMENT FEE BE WAIVED, BECAUSE I DID NOT RECEIVE A NOTICE FROM YOUR DEPARTMENT.

THANK YOU

JAMES BACON