

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

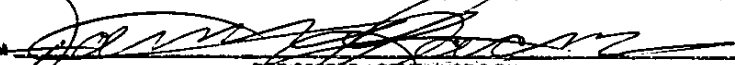
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LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LD1000016592 1. Limited Liability Company's Name SUPREME DRIVERS, LLC	
2. Principal Office Address 4409 HOLLOWAY MEADOWS LN. Suite, Apt. #, etc.	3. Mailing Office Address SAME Suite, Apt. #, etc.
City & State PLANT CITY, FL.	City & State SAME
Zip 33567	Country HILLSBOROUGH

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
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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  Date **1/27/05**

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
MEMBER	JAMES BACON	4409 HOLLOWAY MEADOWS LN.	PLANT CITY, FL 33567

02/28/05--01004--011 **205.00

REINSTATEMENT 2004-05 W/P

2/24

MC

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 608.408, 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  Date **1/27/05** Daytime Phone # **813-477-0963**

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

CC-22041 (10/02)

SUPREME DRIVERS, LLC pg 2 of 2
DOCUMENT # L01000016592

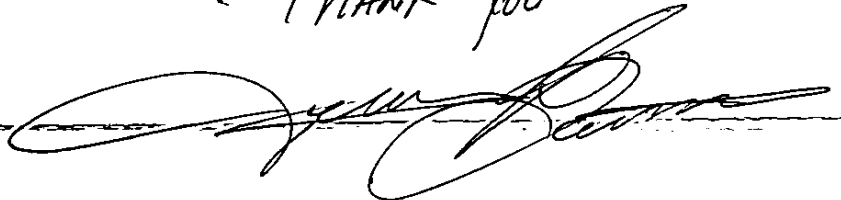
REGISTERED AGENT - JAMES BACON

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

A handwritten signature in black ink, appearing to read 'James Bacon', written over a horizontal line.

JAMES BACON