PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 FEB 28 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01000017531

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017531

1. Limited Liability Company's Name
DEPENDABLE VEHICLE DELIVERY, LLC

700013178287
02/28/03--01009--016 **205.00

2. Principal Office Address	3. Mailing Office Address
504 VINCA PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
JACKSONVILLE, FL	
Zip / Country	Zip / Country
32259 / ST. JOHNS	

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/11/2001

6. FEI Number 59-3749594 — 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
HOWARD McCANN

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

Suite, Apt. #, Etc.

City: JACKSONVILLE | State: FL | Zip Code: 32259

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 2-24-03
REGISTERED AGENT MUST SIGN

CR2EM41 (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
PRES/MGR	HOWARD McCANN	504 VINCA PLACE	JACKSONVILLE, FL 32259
VP MGR	MARILYN McCANN	504 VINCA PLACE	JACKSONVILLE, FL 32259
			2002-
		REINSTATEMENT	2003

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 _____ Date 2-24-03 Daytime Phone # 904 334-4982

Typed or printed name of signing Managing Member/Manager _____