

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

NOV 14 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021965

1. Limited Liability Company's Name  
DEP TRANSPORT, LLC

REINSTATEMENT

2002

2. Principal Office Address 425 EAST MCEWEN DRIVE Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 3319 Suite, Apt. #, etc.	
City & State OSPREY, FL		City & State SARASOTA, FL	
Zip 34229-9236	Country USA	Zip 34230	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/31/2001	
6. FEI Number 65-1159736	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name GEORGE V FAMIGLIO, JR, CPA	
Street Address (P.O. Box Number is Not Acceptable) 1634 MAIN STREET	
Suite, Apt. #, Etc.	
City SARASOTA	
State FL	Zip Code 34236

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 11/11/02

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	POTTS, DIANE E	425 EAST MCEWEN DRIVE	OSPREY, FL 34229
MGR	MALTA, MARK T	425 EAST MCEWEN DRIVE	OSPREY, FL 34228

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 Diane E. Potts Date 11-8-02 Daytime Phone # 941-957-0725

Typed or printed name of signing Managing Member/Manager DIANE E. POTTS

CR2E041 (9/01)