

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 28 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000009457

1. Limited Liability Company's Name

ARTEM JOSH TRUCKING, LLC

2. Principal Office Address

929 199TH ST. NE

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

Zip

Country

33179

US

3. Mailing Office Address

1940 HARRISON ST.

Suite, Apt. #, etc.

201B

City & State

HOLLYWOOD, FL

Zip

Country

33020-5072

US

4. (State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

4/16/2002

6. FEI Number

04-3647308

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

JUMPING JAX TAX, INC.

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

1940 HARRISON ST.

Suite, Apt. #, Etc.

201B

City

HOLLYWOOD

State

FL

Zip Code

33020-5072

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

JOHN J. MALERBA, PRESIDENT
REGISTERED AGENT MUST SIGN

Date 25 OCT 2004

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
<u>MGR</u>	<u>ART J. ANDRION JR.</u>	<u>929 199TH ST. NE</u>	<u>NORTH MIAMI BCH, FL 33179</u>

REINSTATEMENT

63-04
OK

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10/28/04--01056--006 **205.00

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 25 OCT 04

Daytime Phone # 954-927-6988

Typed or printed name of signing Managing Member/Manager

ART J. ANDRION, MGR

CR2E041 (10/02)