

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009916

1. Limited Liability Company's Name

AMERICAN TRUCK LEASING, LLC

2. Principal Office Address - No P.O. Box #

3700 34th Street

Suite, Apt. #, etc.

Suite 135

City & State

Orlando, FL

Zip

32805

Country

USA

3. Mailing Office Address

3700 34th Street

Suite, Apt. #, etc.

Suite 135

City & State

Orlando, FL

Zip

32805

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/25/2002

6. FEI Number

043670097

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

EVON CURBELO

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

3700 34th Street

Suite, Apt. #, Etc.

Suite 135

City

Orlando, FL

State

FL

Zip Code

32805

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

6/30/08

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	STEVE WOODELL	3700 34th Street, Suite 135	Orlando, FL 32805
CO-MGR	RANDY LANCE	3700 34th Street, Suite 135	Orlando, FL 32805

REINSTATEMENT 05-08

L. SELLERS

JUL 25 2008

EXAMINER

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

6/30/08

Daytime Phone #

800-482-9544

Typed or printed name of signing Managing Member/Manager

S. Woodell