

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02 000016613**

**FILED**

03 DEC -1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016613

Name and Mailing Address

0005249 01 AT 0.292 \*\*AUTO T1 0 0615 33063-378151



BEACON FREIGHT MANAGEMENT SERVICES, L.L.C.  
5151 NW 17TH STREET  
MARGATE FL 33063-3781



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/02/2002	
Principal Place of Business 5151 NW 17TH STREET MARGATE FL 33063	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 HEIDGERD, FREDERICK C 600 W. HILLSBORO BLVD., SUITE 520 DEERFIELD BEACH FL 33441	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 [Signature] **REGISTERED AGENT MUST SIGN** Date 11/24/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BLACK, MICHAEL	6211 N2 65TH TERRACE	PARKLAND FL 33087
<p>400025130304 12/01/03--01089--018 **150.00</p> <p><b>REINSTATEMENT</b> <u>2003</u> <u>12/9/03</u></p>			

12. 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 [Signature] Date 11/19/03 Daytime Phone # 954.968.4091

Typed or printed name of signing Managing Member/Manager

CR2084 (7/03)