

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -9 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000029367**

1. Limited Liability Company's Name

COMMERCIAL FREIGHT CARRIER LLC

100110018301
09/27/07--01037--014 **305.00

CR2E041 (1/07)

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

2606 ROYAL FERN PLACE

Suite, Apt. #, etc.

KISSIMMEE

City & State

FLORIDA

Zip

34758

Country

USA

3. Mailing Office Address

2606 ROYAL FERN PLACE

Suite, Apt. #, etc.

KISSIMMEE FL

City & State

FLORIDA

Zip

34758

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

06-1646194

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

TREVOR CHAMBERS

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

2606 ROYAL FERN PLACE

Suite, Apt. #, Etc.

KISSIMMEE

City

State

FL

Zip Code

34758

☐ 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

REGISTERED AGENT MUST SIGN

Date **9/20/07**

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	TREVOR CHAMBERS	2606 ROYAL FERN PLACE	KISSIMMEE FL 34758
MGR	MAXINE CHAMBERS	2606 ROYAL FERN PLACE	KISSIMMEE FL 34758

REINSTATEMENT

04-07

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 **9/20/07**

Daytime Phone # **(407) 922-0061**

Typed or printed name of signing Managing Member/Manager

TREVOR CHAMBERS