

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L02000034180

1. Limited Liability Company's Name

LBS CARRIERS LLC

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

7988 232nd STREET

Suite, Apt. #, etc.

City & State

O'BRIEN FL

Zip

32071

Country

SUWANNEE

3. Mailing Office Address

7988 232nd STREET

Suite, Apt. #, etc.

City & State

O'BRIEN FL

Zip

32071

Country

SUWANNEE

4. State/Country of Formation

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

01/01/2003

6. FEI Number

030498442

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

Kenneth Leaver

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

7988 232nd STREET

Suite, Apt. #, Etc.

City

O'BRIEN

State

FL

Zip Code

32071

☒ 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

Kenneth Leaver

Date 4/31/07

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
CEO	Kenneth Leaver	7988 232nd STREET	O'Brien, FL 32071
			406102543204 05/10/07--01007--025 **150.00
		REINSTATEMENT	05-07

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

Kenneth Leaver

Date

4/31/07

Daytime Phone #

386-362-8621

Typed or printed name of signing Managing Member/Manager

Kenneth Leaver