

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 AUG 21 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000601

1. Limited Liability Company's Name

**Precision Transportation,  
LLC**

000238695890  
08/21/12--01005--024 \*\*1353.75  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 11919 Cottoneaster Ct		3. Mailing Office Address 11919 Cottoneaster Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32837	Country	Zip	Country

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 2003	
6. FEI Number 14-1866543	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Valentine & Company, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1617 Woodward Street			
Suite, Apt. #, Etc.			
City Orlando	State FL	Zip Code 32803	

E-mail Address:  
FL11919@Bellsouth.net  
Florida/USA  
(To be used for future annual report notices)

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.

X Signature of Registered Agent

Date 8-16-2012

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
MGRM	Phillip Costanzo	11919 Cottoneaster Ct	Orlando, FL 32837

REINSTATEMENT - 2004-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

Date

8-7-12

Daytime Phone #

407-832-0147

Typed or printed name of signing Managing Member/Manager