

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-AUG -2 AM 8:33

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 03000017974**

1. Limited Liability Company's Name

G.B.S. TRUCKING SERVICES LLC

2. Principal Office Address

1728 NW 114 ST

Suite, Apt. #, etc.

3. Mailing Office Address

1728 NW 114 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33167

Country

U.S.A

Zip

33167

Country

U.S.A

4. State/Country of Formation

FL, U.S.A

5. Date Organized or Qualified To Do Business in Florida

05/19/03

6. FEI Number

74-3088959

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

GILLARD BENITO S

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

1728 NW 114 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

REINSTATEMENT 04-05

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

X B. Gillard

Date

5/11/05

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	GILLARD BENITO S	1728 NW 114 ST	MIAMI, FL 33167

300058149153
08/02/05--01036--004 **100.00

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

B. Gillard

Date

5/11/05

Daytime Phone #

954-325-5842

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

2082

May 11, 2005

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302


Re: Uniform Business Report
G.B.S. Trucking Services LLC
L03000017974

Dear Sirs:

Attached please find Business Report for above mention Corporation and check in the amount of \$ 100.00

We did not receive the 2004 and 2005 Business report in time to file. Please accept the attached check in the amount of \$ 100.00 for 2004 and 2005 Uniform Business Report.

If further information is needed please contact me.



Benito S Gillard
MGR
1728 NW 114 Street
Miami, FL 33167
Ph: 954-325-5642