

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000018657

1. Limited Liability Company's Name

BRONAL TRUCKING, LLC.

2. Principal Office Address

9999 Summer Breeze Drive

Suite, Apt. #, etc.

1008

City & State

Plantation, Florida

Zip

33322

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

SECRET
DIVISION OF CORPORATIONS
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CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

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

6. FEI Number

☒ 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

VION GRAHAM

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

9999 Summer Breeze Drive

Suite, Apt. #, Etc.

#1008

City

Plantation

State
FL

Zip Code
33322

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 **10-12-2005**

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
Dir	VION GRAHAM	9999 Summer Breeze Dr. 1008	Plantation, FL 33322
Mbr	LORNA GRAHAM	9999 Summer Breeze Dr. 1008	Plantation, FL 33322

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

-2005

Daytime Phone #

305-796-2058

Typed or printed name of signing Managing Member/Manager **VION GRAHAM**