

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000024880

FILED
Sep 19, 2007
Secretary of State

Entity Name: ATLANTIC GROUP TRANSPORTATION & LOGISTICS, LLC

Current Principal Place of Business:

10190 SHARK ROAD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

10190 SHARK ROAD
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 01-0792364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD
450
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDOLPH COLEMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: RICHARDS, RANDOLPH K
Address: 10190 SHARK RD E.
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM () Delete
Name: RICHARDS, KATHIE J
Address: 10190 SHARK RD E.
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: BEACHY, DAVID
Address: 30787 CHESTERVILLE BRIDGE ROAD
City-St-Zip: MILLINGTON, MD 21651

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RANDOLPH RICHARDS

PRES

09/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date