

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -9 AM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000030436**

1. Limited Liability Company's Name

Sanchez & Son Trucking, LLC

CR2E041 (12/07)

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

620 E. 39th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Mt. Airy, FL

City & State

Zip

Country

33013 Dade

Zip

Country

4. State/Country of Formation

Florida - Miami Dade

5. Date Organized or Qualified
To Do Business in Florida

8/15/2003

6. FEI Number

200202767-01

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 **Jesus E. Sanchez, Sr.**

Street Address (P.O. Box Number is Not Acceptable)
620 E. 39th Street

Suite, Apt. #, Etc.

City

Mt. Airy

State

FL

Zip Code

33013

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06-09-08**

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
Manager	Jesus E. Sanchez	620 E. 39th St.	Mt. Airy, FL 33013
Manager	Neida C. Sanchez	620 E. 39th St.	Mt. Airy, FL 33013

500131092075
06/10/08--01008--025 **560.00

REINSTATEMENT

2005-2008

FL

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 608.408, 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

[Signature]

Date

Daytime Phone #

06-09-08

Typed or printed name of signing Managing Member/Manager

Jesus E. Sanchez