

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -6 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200161334542
10/05/09--01054--022 **798.75

CR2E041 (10/08)

DOCUMENT # L03000031775

1. Limited Liability Company's Name

Lanes Transport, LLC

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

2535 Keysville Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2535 Keysville Dr.

Suite, Apt. #, etc.

City & State

Lithia, FL

Zip

33547

Country

USA

City & State

Lithia, FL

Zip

33547

Country

USA

4. State/Country of Formation

Florida / USA

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

8/25/2003

6. FEI Number

412106642

☐ 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

Joseph E. Lane Jr.

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

2535 Keysville Dr.

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

☐ 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**

Joseph E. Lane Jr.

Date

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	Lane, Joseph E. Jr.	2535 Keysville Dr.	Lithia, FL 33547

REINSTATEMENT

05-09

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**

Joseph E. Lane Jr.

Date 10-2-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager