

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000033929

1. Limited Liability Company's Name

A+M Truck Brokerage, LLC

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

7550 Hwy 207

Suite, Apt. #, etc.

City & State

Spuds, FL

Zip

32033

Country

USA

3. Mailing Office Address

7530 SR 207

Suite, Apt. #, etc.

City & State

Elkton, FL

Zip

32033

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/8/2003

6. FEI Number

56-2394070

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

Charles E. Hall Jr.

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

77 Almeria St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

☒ 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

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
MEM	Richard Duncan	7630 SR 207	Elkton, FL 32033

80018065408
05/10/10 - 01075 - 001 *\$555.00

REINSTATEMENT 07/10 AL

11. E-mail Address: Charles @ CTA1040.com

(To be used for future annual report notifications)

12. 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager