

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 29 AM 8:25

DOCUMENT # L03000036377

1. Limited Liability Company's Name

Schumacher Cargo Miami, LLC.

2. Principal Office Address

15675 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Miami Fl.

Zip

33169

Country

USA

3. Mailing Office Address

15675 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Miami Fl.

Zip

33169

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

USA

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

09/24/2003

6. FEI Number

651205820

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

Patrick Hodgkinson

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

Suite, Apt. #, Etc.

15675 NW 15th Ave

City

Miami FL 33169

500063693885

01/13/06--01063--001 **150.00

State
FL

Zip Code

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. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM | PATRICK HODGKINSON | 15675 NW 15th Avenue | Miami Fl 33169 |
| MGRM | ANDREW HOWDEN | 15675 NW 15th Avenue | Miami Fl 33169 |
| MGRM | MARTIN BAKER | 15675 NW 15th Avenue | Miami Fl 33169 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2005

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

12/27/05

Daytime Phone #

305 622 9848

Typed or printed name of signing Managing Member/Manager

PATRICK HODGKINSON.