

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 MAY 31 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000037414

1. Limited Liability Company's Name

Jim Martin Trucking, LLC

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

20690 107<sup>th</sup> Place

3. Mailing Office Address

Po Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

O'Brien, FL

City & State

O'Brien, FL

Zip

Country

32071

Zip

Country

32071

**REINSTATEMENT**

4. State/Country of Formation

US

5. Date Organized or Qualified  
To Do Business in Florida

9-25-2003

6. FEI Number

65-0019729

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

James T Martin

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

20690 107<sup>th</sup> Place

Suite, Apt. #, Etc.

City

O'Brien

State

FL

Zip Code

32071

E-mail Address:

(To be used for future annual report notices)

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

James T Martin

Date 5/31/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|------------|--------------------------------------|---|--------------------------|
| <u>MEM</u> | <u>James T. Martin</u>               | <u>Po Box 56</u>                                  | <u>O'Brien, FL 32071</u> |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

James T Martin

Date 5/31/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager