2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 09, 2007
Secretary of State

DOCUMENT# L03000043009

Entity Name: IMPERIAL TRANSPORT SOLUTIONS, LLC

Current Principal Place of Business:

10420 N. W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

New Principal Place of Business:

800 N OCEAN DR., 2ND FLOOR
HOLLYWOOD, FL 33019

Current Mailing Address:

10420 N. W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

New Mailing Address:

800 N OCEAN DR., 2ND FLOOR
HOLLYWOOD, FL 33019

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SARAFAN, MICHAEL A
10420 N. W. SOUTH RIVER DRIVE
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

SARAFAN, MICHAEL A
800 N OCEAN DR., 2ND FLOOR
HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL SARAFAN 05/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SARAFAN, MICHAEL A
Address: 10420 N.W. SOUTH RIVER DRIVE
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SARAFAN, MICHAEL A
Address: 800 N OCEAN DR., 2ND FLOOR
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SARAFAN MGMR 05/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date