PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JAN -6 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJB

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000043595

1. Limited Liability Company's Name
QUICKFREIGHT TRANSPORT LLC

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 574 S.E. Capon Terrace | | 574 S.E. Capon Terrace | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Port St. Lucie, FL | | Port St. Lucie, FL | |
| Zip | Country | Zip | Country |
| 34983 | USA | 34983 | USA |

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 11/12/2003

6. FEI Number: 20-0433910 ✔ 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: PARAY, BHOOPANDRA

Street Address (P.O. Box Number is Not Acceptable): 574 S.E. Capon Terrace

Suite, Apt. #, Etc.

City: Port St. Lucie | State: FL | Zip Code: 34983

700043367007
12/13/04--01059--022 **50.00

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: Bhoopandra Paray — REGISTERED AGENT MUST SIGN — Date: 12/03/04

CR2E043 (10/02)

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 | PARAY, BHOOPANDRA | 574 S.E. Capon Terrace | Port St. Lucie, FL 34983 |
| MGR | ~~PARAY, RAJWANTIE~~ RAJWANTIE | 574 S.E. Capon Terrace | Port St. Lucie, FL 34983 |
| | PARAY RAJWANTIE | | |

REINSTATEMENT 2004

700043367007
12/13/04--01059--023 **100.00

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 608.408, 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: Paray — Date: 12/03/04 — Daytime Phone #: 772-873-9313

Typed or printed name of signing Managing Member/Manager: PARAY, BHOOPANDRA

RAJWANTIE PARAY