

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000008315

1. Entity Name
KNSC TRUCKING, L.L.C.



Principal Place of Business
5758 N.W. 48TH COURT
CORAL SPRINGS, FL 33067

Mailing Address
5758 N.W. 48TH COURT
CORAL SPRINGS, FL 33067

FILED
08 DEC -9 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #
8040 SAILBOAT KEY BLVD.
Suite, Apt. #, etc.
#403

3. Mailing Address
8040 SAILBOAT KEY BLVD.
Suite, Apt. #, etc.
#403

City & State
ST. PETE Bch. FL.
Zip
33707
Country
USA

City & State
ST. PETE Bch. FL.
Zip
33707
Country
USA

4. FEI Number
75-3189563

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAIDE, KEVIN
5758 N.W. 48TH COURT
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent
Name
KEVIN GAIDE
Street Address (P.O. Box Number is Not Acceptable)
8040 SAILBOAT KEY BLVD. #403
City
ST. PETE Bch. FL Zip Code
33707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GAIDE, KEVIN
5758 N.W. 48TH COURT
CORAL SPRINGS, FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KEVIN GAIDE
8040 SAILBOAT KEY BLVD. #403
ST PETE Bch. FL. 33707 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200138414222
12/03/08--01038--006 **143.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

12-1-08

427-515-0584

REINSTATEMENT
2008