

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 JUL 28 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO4000017815

1. Limited Liability Company's Name

FIRST CLASS LOGISTICS, LIMITED LIABILITY COMPANY

KS

REINSTATEMENT 11/14/12-14

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

2414 WATTLE TREE ROAD WEST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32246

Country
US

3. Mailing Office Address

2414 WATTLE TREE ROAD WEST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32246

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
03/05/2004

6. FEI Number
20-0813914

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

WEBB, PATRICIA D

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

2414 WATTLE TREE ROAD WEST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

500262712425
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PRES	WEBB, PATRICIA D	PO BOX 19585	JACKSONVILLE, FL 32245
VP	WEBB, HAROLD T	PO BOX 19585	JACKSONVILLE, FL 32245

11. E-mail Address: tomcrego@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

7/23/14

Daytime Phone #

904.330.9659

Typed or printed name of signing Authorized Representative/Manager PATRICIA D WEBB