

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000030695

1. Limited Liability Company's Name

First Quality Carriers LLC

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

13727 SW 152 ST

Suite, Apt. #, etc.

254

City & State

MIAMI, FL

Zip

33177

Country

USA

3. Mailing Office Address

13727 SW 152 ST

Suite, Apt. #, etc.

254

City & State

MIAMI, FL

Zip

33177

Country

USA

4. State/Country of Formation

FLORIDA (USA)

5. Date Organized or Qualified
To Do Business in Florida

APRIL 22, 2004

6. FEI Number

74-3120020

☐ 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

Yanneth R Rodriguez

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

14300 SW 151 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

Yanneth Rodriguez

REGISTERED AGENT MUST SIGN

Date **06/17/2010**

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
MMGR	ANA N RODRIGUEZ	13850 SW 155 CT	MIAMI, FL 33196
MMGR	YANNETH R RODRIGUEZ	14300 SW 151 CT	MIAMI, FL 33196

REINSTATEMENT - 05 - 10

11. E-mail Address **FQCARRIERS@YAHOO.COM**

(To be used for future annual report notifications)

12. 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.

Signature of

Managing Member/Manager

Ana N Rodriguez

Date **06/17/2010**

Daytime Phone # **305-370-8629**

Typed or printed name of signing Managing Member/Manager **ANA N. RODRIGUEZ**