

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
\$200.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:49

DOCUMENT #

L04000035121

1. Limited Liability Company's Name

Genesis Trucking Lines LLC.

CR2E041 (8/05)

2. Principal Office Address

14525 SW 167 TER

Suite, Apt. #, etc.

3. Mailing Office Address

14525 SW 167 TER

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33177

Country

U.S.

City & State

Miami, FL

Zip

33177

Country

U.S.

4. State/Country of Formation

FL, U.S.

5. Date Organized or Qualified
To Do Business in Florida

4/22/04

6. FEI Number

34-2000209

☒ 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

Zoraida Cruz

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

14525 SW 167 TER

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

Zoraida Cruz

REGISTERED AGENT MUST SIGN

Date

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
	N/A		
President	Zoraida Cruz	14525 SW 167 Terr.	Miami FL 33177
			1000 77 29311 07/19/06--01047--020 **200.00
			REINSTATEMENT 05-06

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 608.406, 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

Zoraida Cruz

Date

6/15/06

Daytime Phone #

786-281-6317

Typed or printed name of signing Managing Member/Manager

Zoraida Cruz