

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 30 PM 4:13

DOCUMENT # L04000040465

1. Limited Liability Company's Name

YELLOW OAKS AUTO TRANSPORT, LLC

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

4697 RIVER RD

Suite, Apt. #, etc.

3. Mailing Office Address

4697 RIVER RD

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

City & State

LIVE OAK, FL

Zip

32060

Country

USA

Zip

32060

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05/27/2004

6. FEI Number

20-1195583

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

Tamara Williams

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

987 W Base Str

Suite, Apt. #, Etc.

City

Madison

State

FL

Zip Code

32340

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Tamara Williams

Date

05/22/07

REGISTERED AGENT MUST SIGN

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
MEM	JOHN D. FAST	4697 RIVER RD.	LIVE OAK, FL 32060

100103929581
06/05/07--01046--027 **250.00

REINSTATEMENT 2005-07

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

J.D. Fast

Date

5-22-07

Daytime Phone #

386-658-2574

Typed or printed name of signing Managing Member/Manager

JOHN D. FAST