

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 16 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000086893**

1. Limited Liability Company's Name

ARA Trucking, LLC

900106174489
07/16/07--01001--019 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
3673 Ricky Lane

Suite, Apt. #, etc.

City & State

Saint Cloud, FL

Zip
34772

Country
USA

3. Mailing Office Address

3673 Ricky Lane

Suite, Apt. #, etc.

City & State

Saint Cloud, FL

Zip
34772

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Alex J Ramirez

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

3673 Ricky Lane

Suite, Apt. #, Etc.

City
Saint Cloud

State
FL

Zip Code
34772

☒ 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

Alex J Ramirez

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
Managing Member	Alex J Ramirez	3673 Ricky Lane	Saint Cloud, FL 34772

REINSTATEMENT

2005-2007

DB

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

Alex J Ramirez

Date

Daytime Phone # **407-892-8096**

Typed or printed name of signing Managing Member/Manager **Alex J Ramirez, Member**