

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

11 MAR - 1 PM 09

DOCUMENT # L04000091282

1. Limited Liability Company's Name

D D F Transport, LLC

600186257436
10/04/10--01057--012 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 414 E Oak Street		3. Mailing Office Address 414 E Oak Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Avon Park, FL		City & State Avon Park, FL	
Zip 33825	Country	Zip 33825	Country

4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida 12/10/2004	
6. FEI Number 20-2162780	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **Dale E. LaFlamboy**

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

Suite, Apt. #, Etc.

City **Avon Park** State **FL** Zip Code **33825**

600186257436
03/02/11--01028--012 **277.50

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 Date **06/14/2010**

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
MGRM	Dale E. LaFlamboy	414 E Oak Street	Avon Park, FL 33825

REINSTATEMENT 2007-2011

11. E-mail Address: _____ (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 Date **06/14/2010** Daytime Phone # **863-873-6012**

Typed or printed name of signing Managing Member/Manager **Dale E. LaFlamboy**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAR -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 6, 2010

DALE E LAFLAMBOY
414 E OAK ST
AVON PARK, FL 33825

SUBJECT: D D F TRANSPORT, LLC
Ref. Number: L04000091282

We have received your document for D D F TRANSPORT, LLC and check(s) totaling \$516.25. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 710A00023651