

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

08 MAR 11 AM 10:24

**DOCUMENT # L05000001855**

1. Limited Liability Company's Name

One Love Lumping Service, LLC.

CR2E041 (12/07)

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

2221 N. W. 196th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

2310 NW 196th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33056

Country

USA-FLA

Zip

33056

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

01-07-05

6. FEI Number

20-2123754

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

Kilroy Love

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

17910 N. W. 42nd Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

☒ 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

*Kilroy Love*

REGISTERED AGENT MUST SIGN

Date 2/11/08

10. Names and Street Addresses of Managing Members/Managers

| Titles             | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------------------|--------------------------------------|---------------------------------------------------|----------------------|
| Managing<br>Member | Kilroy Love                          | 17910 N.W. 42nd Place                             | Miami, Florida 33055 |
|                    |                                      |                                                   |                      |
|                    |                                      |                                                   |                      |
|                    |                                      |                                                   |                      |
|                    |                                      |                                                   |                      |
|                    |                                      |                                                   |                      |

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

*Kilroy Love*

Date 3/3/08

Daytime Phone #

86-499-0072

Typed or printed name of signing Managing Member/Manager Kilroy Love (Managing Member)

REINSTATEMENT