

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB 19 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

EFK TRANSPORT LLC

300117825773
02/12/08--01013--013 **\$16.25

CR2E041 (12/07)

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

2846 mondavi dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

City & State

F

Zip

Country

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

1-28-05

6. FEI Number

202273860

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

EMINE OKUL

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

2846 mondavi dr

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

☐ 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

REGISTERED AGENT MUST SIGN

Date 2-8-08

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
MEMBER	EMINE OKUL	2846 mondavi dr	Rockledge FL 32955
OWNER	Fikret OKUL	2846 mondavi dr	Rockledge FL 32955
MEMBER			
OWNER			

L. SELLERS

FEB 25 2008

EXAMINER

REINSTATEMENT

06-08

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

Date 2-8-08

Daytime Phone #

321-2231252

Typed or printed name of signing Managing Member/Manager

Emine Okul