

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000025813

1. Entity Name
STAGE ONE TRANSPORT, LLC



Principal Place of Business
8065 104TH AVENUE
VERO BEACH, FL 32967

Mailing Address
8065 104TH AVENUE
VERO BEACH, FL 32967

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282010 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2825265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETT, NATHANIEL A SR
8065 104TH AVENUE
VERO BEACH, FL 32967

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2011, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
BARRETT, NATHANIEL A SR
8065 104TH AVENUE
VERO BEACH, FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
BARRETT, NATHANIEL ASR
8065 104 AVE
VERO BEACH, FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
300186006323
09/29/10--01003--010 **238.75

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

10 SEP 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2010