

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000031541

1. Limited Liability Company's Name

ACM TRUCKIN

600161228836
10/01/09--01008--005 **282.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
360 N.E. DOUBLETREE AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MADISON, FL.

City & State

Zip
32340

Country
USA

Zip

Country

4. State/Country of Formation
FLORIDA/MADISON

**5. Date Organized or Qualified
To Do Business in Florida** MARCH 2005

6. FEI Number
300271345

☐ 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
ALFERD MURPHY

Street Address (P.O. Box Number is Not Acceptable)
360 N.E. DOUBLETREE AVE.

Suite, Apt. #, Etc.

City
MADISON

State
FL

Zip Code
32340

☒ 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**

A. Murphy

Date 09/30/09

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 |
|---------------|--------------------------------------|---|---|
| mgem owner | <i>Alferd Murphy</i> | <i>360 N.E. Doubletree Ave</i> | <i>Madison, FL 32340</i> |
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| | | | REINSTATEMENT <i>08-09 AL</i> |

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**

A. Murphy

Date 09/30/09

Daytime Phone # 850-491-4315

Typed or printed name of signing Managing Member/Manager ALFERD C. MURPHY