

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 18 AM 8:06

DOCUMENT # L050000069572

1. United Liability Company's Name

D.A.C. Trucking LLC

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

27346 San Marco DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Punta Gorda FL.

Zip

Country

33983

Charlotte

Zip

Country

8. Name and Address of Current Registered Agent

Name _____

David A. Carroll

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

27341/2 San Marcos DE

Suite, Apt. #, Etc.

CPX

Punta Gorda

State

FL

Zip Code

33983

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 10-16-87

REGISTERED AGENT MUST SIGN

☒ 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.

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
V	Shari R Carroll	27346 Sanmarco Dr	Punta Gorda FL 33983
P	David A. Carroll	"	"
	FF \$100	<div data-bbox="734 1617 1243 1675">REINSTATEMENT</div> <div data-bbox="747 1675 1282 1726">WOP 2006-2007</div> <div data-bbox="1055 1726 1216 1778">Jef</div>	
	Cus 5		
	OP 45		

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 10-16-07 Daytime Phone # 941-916-4583

Typed or printed name of signing Managing Member/Manager