

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 050000 83152

1. Limited Liability Company's Name

TRANSPORT AND LOGISTICS ASSOCIATES

2. Principal Office Address

10145 BLAZED TREE CT
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 692226
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32821

Country

ORANGE

Zip

32869-2226

Country

ORANGE

4. State/Country of Formation

FL - ORANGE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

FILED
09 JAN -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

MARCUS S. KOSTOLICH

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

10145 BLAZED TREE CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32821-8272

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-23-08

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
<u>Mgr</u>	<u>MARCUS S. KOSTOLICH</u>	<u>10145 BLAZED TREE CT</u>	<u>ORLANDO, FL 32821</u>
	S. HAWKES		
	JAN 9 2009		
	EXAMINER		

REINSTATEMENT

2008

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

[Signature]

Date 12-23-08

Daytime Phone # 407.264.9726

Typed or printed name of signing Managing Member/Manager

MARCUS S. KOSTOLICH