

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400181715344
06/04/10--01024--019 **500.00

CR2E041 (05/10)

DOCUMENT # **LOS000104098**

1. Limited Liability Company's Name

SPENCE TRANSPORTATION LLC

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

547 KINGSBURY LANE

Suite, Apt. #, etc.

3. Mailing Office Address

547 KINGSBURY LANE

Suite, Apt. #, etc.

City & State

Lehigh ACRES FL

Zip

33974

Country

Lee

City & State

Lehigh ACRES FL

Zip

33974

Country

Lee

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

10/21/05

6. FEI Number

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

RUPERT SPENCE

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

547 KINGSBURY LANE

Suite, Apt. #, Etc.

City

Lehigh ACRES

State

FL

Zip Code

33974

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

Rupert Spence

Date

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
MEM	RUPERT L SPENCE		
MEM	JASON DIXON		
REINSTATEMENT			2006 - 2010

400181715344
06/04/10--01024--020 **293.00

11. E-mail Address **Smileycool57@yahoo.com**

(To be used for future annual report notifications)

12. 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

Rupert Spence

Date **6/4/10**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT JUN - 4 2010