

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000121440

1. Limited Liability Company's Name

DeLux CARGO LLC

CR2E041 (1/07)

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

10813 N.W. 30th St

Suite, Apt. #, etc.

3. Mailing Office Address

26 Diplomat Pkwy

Suite, Apt. #, etc.

P.O. Box 1

City & State

Miami, FL

City & State

Hallandale, FL

Zip

33020

Country

USA

Zip

33009

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/20/05

6. FEI Number

20-3969643

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

BRONYA GLAZER

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

26 Diplomat Pkwy (commerc)

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

☐ 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

B. Glazer

REGISTERED AGENT MUST SIGN

Date 04/20/07

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
P.	Antanas	10813 NW 30th Street	
	JanuLericus	Miami FL 33172	

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05/15/07--01038--018 **200.00

REINSTATEMENT 06-07

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

Antanas JanuLericus

Date

04/20/07

Daytime Phone #

(609) 977 3774

Typed or printed name of signing Managing Member/Manager