

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000001412

1. Entity Name
GLOBAL TRANSIT L.L.C.



FILED

08 OCT 30 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~1331 BALKEN RD~~
TALLAHASSEE, FL 32305

Mailing Address
1331-BALKEN RD
TALLAHASSEE, FL 32305

2. Principal Place of Business - No P.O. Box #
105 Hannon Mill Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5316
Suite, Apt. #, etc.

10302008 REIN-LLC CR2E101 (1/07)

City & State
Tallahassee, FL
Zip
32305

City & State
Tallahassee FL
Zip
32314

4. FEI Number
55-0914594
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, DOUGLAS E
1331 BALKEN RD
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
105 Hannon Mill Rd
City
Tallahassee FL Zip Code
32305

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIMMONS, DOUGLAS E
1331 BALKEN RD
TALLAHASSEE FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
105 Hannon Mill Rd
Tallahassee FL 32305 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500137484425
10/30/08--01005--026 **143.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 10/30/08 (950) 656-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #