PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY	7/	ry of State		ťň i	FILED		
REINSTATEMENT	DIVISION OF (CORPORATIO	NS		FEB -2 PM 3:21		
DOCUMENT # L 06000010790 1. Limited Liability Company's Name				SEGRETARY OF STATE TALEAHASSEE, PLONIDA			
Destiny Bown Transportation, LLC				000167831510 02/02/1001016026 **416.25			
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (11/09)			
523 B'Way				State/Country of Formation			
Suite, Apt #, etc	Suite, Apt. #, etc.			5. Date Organized or Qualified			
City & State	City & State			To Do Business in Florida / - 25 - 06 6. FEI Number Applied For			
LOCOG FL	32926	T Country		84-	1701058	Not Applicable	
32926 Brevard	Ζιρ	Country		7. CERTIFICATE		Additional Fee required ra Certificate of Status	
8. Name and Address of Current Registered Agent							
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc				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.			
City State Zip Code FL 3292(Temstat	ement 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 Date Z'-Z-Z011 REGISTERED AGENT MUST SIGN							
10. Names and Street Addresses of Managing Members/Managers							
Titles Name of Managing Members/ Mana	gers	Street Address of Each Managing Member/Manage			City / State	e / Zip	
Asia Samuel Clemons		523 B' wey			Cocoa Fr	32926	
Mechele Lance		523 B' Way			Cococ R	32926	
	D.				BRUCE		
	FEB 2 2010						
VANINER							
11. E-mail Address:							
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 filling 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 Manager Chal	e Lones	·	_ Da7 - 2	- 2010 _D	aytime Phone #40741	704383	
Typed or printed name of signing Managing Member/Manager							