


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000027718		
1. Entity Name ROA FREIGHT LLC		

2008 JUL 23 PM 12:49

REINSTATEMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 811 ISLAND WALK DRIVE TAMPA, FL 33602 US	Mailing Address 811 ISLAND WALK DRIVE TAMPA, FL 33602 US
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2. Principal Place of Business - No P.O. Box # 811 ISLAND WALK DRIVE	3. Mailing Address 811 ISLAND WALK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07162008 REIN-LLC CR2E101 (1/07)

City & State TAMPA, FL 33602	City & State TAMPA, FL
Zip 33602	Zip 33602
Country USA	Country USA

4. FEI Number 04-3850433	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH, ALEXANDER 811 ISLAND WALK DRIVE TAMPA, FL 33602	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 7.16.08
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**FILE NOW!!! FEE IS \$277.50**

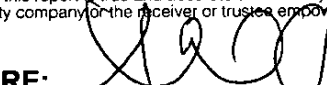
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AGBONTAEN, EGUASEKI 811 ISLAND WALK DRIVE TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWAYE, OLAWALE JUBRIL 811 ISLAND WALK DRIVE TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ALEXANDER 811 ISLAND WALK DRIVE TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700133307287 07/22/08--01047--002 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 7.16.08
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #