

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000050534

1. Limited Liability Company's Name

GTA COURIER SERVICE, LLC

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

2783 Enterprise Road East

Suite, Apt. #, etc.

Apt # 31

City & State

Clearwater

Zip

33759

Country

USA

3. Mailing Office Address

2783 Enterprise Road East

Suite, Apt. #, etc.

Apt. # 31

City & State

Clearwater

Zip

33759

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **07/31/06**

6. FEI Number

20-5053274

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

Gary Gustafson

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

2783 Enterprise Road East

Suite, Apt. #, Etc.

Apt. # 31

City

Clearwater

State

FL

Zip Code

33759

☒ 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

Gary Gustafson
REGISTERED AGENT MUST SIGN

Date **4/20/2009**

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
MGRM	Tia Gustafson	2783 Enterprise Road East # 31	Clearwater, FL, 33759
MGRM	Andrew Gustafson	2783 Enterprise Road East # 31	Clearwater, FL, 33759
MGRM	Gary Gustafson	2783 Enterprise Road East # 31	Clearwater, FL, 33759

REINSTATEMENT 08-09

05/20/09--01013--008 **138.75

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05/20/09--01013--008 **138.75

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

Gary Gustafson
Date **4/20/2009**

Daytime Phone # **727-430-1961**

Typed or printed name of signing Managing Member/Manager **Gary Gustafson**

N. Overman MAY 20 2009

FILED

09 MAY 20 PM 4:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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04/24/09--01039--008 **138.75

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