

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 31 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000054304

1. Limited Liability Company's Name

PLATINUM TRANSPORT, LLC

400139404464
12/31/08--01026--024 **302.50

CR2E041 (10/08)

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

1725 NW 106 COURT

3. Mailing Office Address

P.O. Box 1871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL 34482

City & State

OCALA FL 34478

Zip

34482

Country

Zip

34478

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5-24-06

6. FEI Number

20-4057586

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

FREDERIC KINBERY

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

116 PARADISO PLACE

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

☒ 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

[Signature]

Date 12-31-08

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>SIMON, OSKAR</u>	<u>1725 NW 106 COURT</u>	<u>OCALA, FL 34482</u>

REINSTATEMENT 07-08 AL

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

Oskar Simon

Date

12-31-08

Daytime Phone #

850-234-9308

Typed or printed name of signing Managing Member/Manager