

FILED

10 MAR 19 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200172643732
03/19/10--01031--027 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p style="font-size: 2em; margin: 0;">FILED</p> <p style="margin: 5px 0;">10 MAR 19 PM 3:43</p> <p style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="margin-top: 20px; font-weight: bold;">200172643732</p> <p style="margin: 5px 0;">03/19/10--01031--027 **277.50</p> <p style="margin: 5px 0;">CR2E041 (11/09)</p>	
DOCUMENT # L06000075709					
1. Limited Liability Company's Name G.T.S.J. TRUCKING LLC					
2. Principal Office Address - No P.O. Box # 9707 RECYCLE CENTER DR.		3. Mailing Office Address 12624 ENCLAVE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip	Country	Zip	Country		
32824	USA	32837	USA		
4. State/Country of Formation FLORIDA					
5. Date Organized or Qualified To Do Business in Florida 08/01/2006					
6. FEI Number 20-5300885					Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name GERARDO GUZMAN					
Street Address (P.O. Box Number is Not Acceptable) 12624 ENCLAVE DR.					
Suite, Apt. # Etc.					
City ORLANDO		State FL	Zip Code 32837		
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 Gerardo Guzman					Date _____
					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		
MNGR	GERARDO GUZMAN	12624 ENCLAVE DR.	ORLANDO FL 32837		
		JB			
REINSTATEMENT 2009-10					
11. E-mail Address: _____ <small>(To be used for future annual report notifications)</small>					
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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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 Gerardo Guzman					Date 03/16/10
					Daytime Phone # (407) 666-4668
Typed or printed name of signing Managing Member/Manager					