
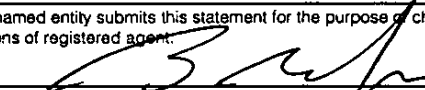
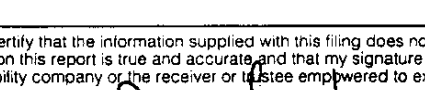


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L06000077081 | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 NOV 12 PM 2:22 | |
| 1. Entity Name PHOENIX TRANSPORTATION, LLC | | | | | |
| Principal Place of Business 621 SNIVELY AVE WINTER HAVEN, FL 33880 | | Mailing Address 621 SNIVELY AVE WINTER HAVEN, FL 33880 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 1318 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Lake Wales, FL | | 4. FEI Number 65-1287600 | |
| Zip 33859-1318 | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADAMS, BEN R 621 SNIVELY AVE WINTER HAVEN, FL 33880 | | | | 7. Name and Address of New Registered Agent Atlantic Blue Group, Inc. 122 E. Tillman Avenue Lake Wales, FL 33853 | |
| 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  11-3-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ADAMS, BEN R 621 SNIVELY AVE WINTER HAVEN, FL 33880 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member JD Alexander 122 E. Tillman Avenue Lake Wales, FL 33853 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP 900137739669 11/07/08--01029--013 **143.75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | 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"/> Delete | | | 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"/> Delete | | | 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"/> Delete | | | 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:  JD ALEXANDER 11-3-08 863679 9595 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |