

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2022 AUG 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL

500393436815
08/26/22--01004--002 **100.00

DOCUMENT # L06000078372

1. Limited Liability Company's Name
TITO TRANSPORT, LLC

2. Principal Office Address - No P.O. Box #
519 EAGLE CT

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

Zip Country
34759 USA

3. Mailing Office Address
519 EAGLE CT

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

Zip Country
34759 USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-5342030

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
LUIS A VELEZ

Street Address (P.O. Box Number is Not Acceptable) Suite,
519 EAGLE CT

Apt. #, Etc.

City State Zip Code
KISSIMMEE FL 34759

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Luis A Velez

REGISTERED AGENT MUST SIGN

Date 05/20/2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Luis A Velez		

11. E-mail Address: IVE66805@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Luis A Velez

Date 05/20/2022

407-738-8538