

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # L06000081148

1. Limited Liability Company's Name

Everything Express, LLC

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

10831 SW 146 CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

08/17/2006

6. FEI Number

364593354

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

Dairo Castro

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

10831 SW 146 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

☒ 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

Dairo Castro

REGISTERED AGENT MUST SIGN

Date 02/25/2010

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
MGR	Castro, Dairo	10831 SW 146 CT	Miami FL 33186

L. SELLERS

APR 12 2010

EXAMINER

11. E-mail Address: Dairocas@yahoo.com

(To be used for future annual report notifications)

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 608.406, 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 Dairo Castro

Date 02/25/2010

Daytime Phone # 786-443-9324

Typed or printed name of signing Managing Member/Manager Dairo Castro