FROM : LAZARUS FAX NO. :3052201440 Aug. 29 2008 12:43PM P1

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 SEP -8 PM 3: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000084131

1. Entity Name
LATIN AMERICAN CUSTOMS AGENCY & TRANSPORT, LLC

Principal Place of Business	Mailing Address
50 MENORES AVE., #414 CORAL GABLES, FL 33134	50 MENORES AVE., #414 CORAL GABLES, FL 33134

07

08292008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTIZ, LUIS H 50 MENORES AVE., #414 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

BK

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	MGRM ORTIZ, LUIS H 50 MENORES AVE., #414 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600135964856 09/16/08--01021--001 **277.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007-2008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 9/5/08 (305) 229-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L06000084131

FILED
08 SEP -8 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 5, 2008

Latin American Customs Agency & Transport, LLC
50 Menores Ave., #114
Coral Gables, FL 33144

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: EIN #: 20-5453216
Reference #: L06000084131

To Whom It May Concern:

Hereby this letter is to request to please waive the Reinstatement penalty since I had never received your notice.

If you have any further questions, please do not hesitate to contact me.

Respectfully,

Luis Ortiz
Manager