PLEASE READ ALL INST	RUCTIONS BEFORE C	OMPLETIN	G THIS FORM.
COMPANY	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		O8 AUG 19 AM 8: 38  SECKLIANT OF STATE TALLAHASSEE FLORIDA
DOCUMENT # L 06000085798  1. Limited Liability Company's Name			MELAHASSEE FLORIDA
OTRTRUCKING, LLC		5 07/	300133196469 15/0801003014 **427.50 cr26041 (1207)
2. Principal Office Address - No P.O. Box # 3. Mailling Office Address 7/18 4/St LANE FAST 7/18 4/St LANE FAST		4. State/Country	of Formation
-+118 413 UNF (HS) +118 413 UTIVE C7/37  Suite, Apt. #, etc. Suite, Apt. #, otc.		FLOR-TOA,USA.	
		5. Date Organized or Qualified To Do Business in Florida PNGUST 31, 2006	
City & State City & State		6. FEI Number X Applies For	
SARASOTA, FL SARASOTA, FL Country Zio Country		20 - 54 99017 Not Applicable	
21p 34243 ().S.A. 3424		7. CERTIFICATE C	STATUS DESIRED \$5,00 Anditional Footsquired for a Gerbforath of Status
8. Name and Address of Current Registered Agent			
Name CTNIEL RICARNO		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.	
Street Address (P.O. Box Number is Not Acceptable)			
7118 41ST LANE EAST			
Suite, Apt. #, Etc.			
City 5 AR ASOTA-	FL 34243		
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 License Date 8 11 08 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Manager	В	•	
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip
MNG. OTNIEL RIGHTSO	7118 GIST LAWE GAST		SALKSOTA, FL 34243
WNG. ZOILA PILARDO	7118 41St L	ME 625T	SARASOTA, FL 34243
			SELLERS
		ا ڪ	2.02009
REINSTATEMENT			AUG 2 0 2008
	07-08		XAMINER
11. 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 reinssatement 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 eath.			
Signature of Manager Color Sach Resolve Date 8 11 08 Daytime Phone# 941.536.4633  Typed or printed name of signing Managing Member/Manager OTWIEL T RICAY BO SOLIA SICAY DO			
Typed or printed name of signing Managing Member/Manager OTNIEL T KICAYOO ZOLIA SICAPOO			