

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000117071**

1. Limited Liability Company's Name
AM TRUCKING SERVICES LLC

2. Principal Office Address - No P.O. Box #
8260 NW 199 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip Country
33015 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/5/2006

6. FEI Number
20-8036783

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (12/13)

11-14

2014 JUL 30 PM 3:41

FALLA-33587 (11/14)

000255401130
01/08/14--01026--015 **855.00

8. Name and Address of Current Registered Agent

Name
MILVIO GOMEZ

Street Address (P.O. Box Number is Not Acceptable)
8260 NW 199 STREET

Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33015

E-mail Address:

daisy-jimenez@att.net

(To be used for future annual report notices)

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 *Milvio Gomez*
REGISTERED AGENT MUST SIGN

Date 1/6/2014

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Milvo Gomez	8260 NW 199 St	Miami, FL 33015
			B. BOSTICK
			FEB - 4 2014
			EXAMINER

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person *Milvio Gomez* Date 1/6/2014 Daytime Phone # 305 796-3460

Typed or printed name of signing Authorized Person **Milvio Gomez**