

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000117394

1. Limited Liability Company's Name

C Fx Transport LLC.

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

303 West Rose Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lady Lake

City & State

Zip

32159

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12-8-2006

6. FEI Number

20-8013776

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

Clarence E Few Jr.

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

303 West Rose Lane

Suite, Apt. #, Etc.

City

Lady Lake

State

FL

Zip Code

32159

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-15-10

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

Mgrm Clarence E. Few Jr.

P.O. Box 492212

Leesburg FL 34749

Mgrm Clifford Blunt

208 Willard Ave

Friendland Park FL 34731

REINSTATEMENT 08-2010

[Signature]

11. E-mail Address TABBA.saciling@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

[Signature]

Date

11/15/10

Daytime Phone #

352 771-6694

352 250-5106

Typed or printed name of signing Managing Member/Manager

FILED
NOV 15 PM 4:29
TALLAHASSEE, FLORIDA

CR2E041 (05/10)