

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1060000120598

1. Limited Liability Company's Name

Russell Park Trucking LLC

CR2E041 (10/08)

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

815 Greenbrair DR

Suite, Apt. #, etc.

None

City & State

Lake Park

Zip

33403

Country

USA

3. Mailing Office Address

815 Greenbrair DR

Suite, Apt. #, etc.

None

City & State

Lake Park

Zip

33403

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/20/06

6. FEI Number

20-8086385

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Carlene Russell Douglas

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

8698 Pluto Terr.

Suite, Apt. #, Etc.

None

City

Lake Park

State

FL

Zip Code

33403

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 12/22/2008

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	Carlene Russell Douglas	8698 Pluto Terr.	Lake Park, FL 33403

REINSTATEMENT 07-08
C.F.

36.8133377200
12/30/08--01004--007 **282.50

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 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 12/22/08

Daytime Phone # 561 389-9793

Typed or printed name of signing Managing Member/Manager

Carlene Russell-Douglas