## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

EIMITED LIABILI COMPANY REINSTATEMEN		5	DEPART Secretary SION OF CO	y of S			<b>1</b>	FILED O MAR -3 PM 12:	14
DOCUMENT # L0700020H82  1. Limited Liability Company's Name  A&S First Class Trucking LLC							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Office Address - No P.O. Box # 3. Mailing Office Address							400171052854 03/02/1001045027 **416.25 cr2E041 (11/09)		
845 Forestwood nr. 845			Forestwood or			4	1. Ştate/Coun	try of Formation	
Suite, Apt. #, etc. Suite, Apt. #,						5	Floride U.S.A  5. Date Organized or Qualified To Do Business in Florida		
City & State City & State			6. FI			. FEI Number Applied For			
minneola to Minne Zip Country Zip			1010 TL Country			-44	20-874193) Not Applicable		
34715	I.S.A	34115	5	U.	S.A	_ _′			Additional Fee required a Certificate of Status
8. Name and Address of Current Registered Agent							,		
Name  Meis DON  Deleon  Street Address (P.O. Box Number is Not Acceptable)  845 Forest wood Or  Suite, Apt. #, Etc.							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		
minneola State Zip Code FL 34715					Zip Code 34715		reinstatement be waived.		
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 Agen REGISTERED AGENT MUST SIGN							Date 2 13 2010		
10. Names and Street Addresses of Managing Members/Managers									
Titles Man	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager			•	City / State / Zip		
HGRM ShukriAbdelaziz			845 Forestwood Or.				minneola		
HARM Meisc	Musdon Delcon			845 Forestwood ov			l Ov.	minneolo	FE 34715
	01-2000							S. HAWKES	
KEINSTATEMENT							MAR _ 4 2010		
						ڪ ج	5	XAMINER	
11. E-mail Address: SM-e1SDDY @ QD1 · CDM (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 filling this reinstatement application the reason for dissolution has been efirninated, 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.									
Managing Member/Manager Date 21310 Daytime Phone # 7019318712									
Typed or printed name of signing Managing Member/Manager Me1500n DelCOn									