

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN -5 P 12:51

TALLAHASSEE, FL 32309

500330433075
06/05/10--01011--011 **793.75
CR2E041 (1/14)

DOCUMENT # L07000030533

1. Limited Liability Company's Name

J+V Trucking Services, LLC

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

3537-39 NW 49 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

US

3. Mailing Office Address

3537-39 NW 49 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

3/21/07

6. FEI Number

98-0532671

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

Justo Molina

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

3537-39 NW 49 Street

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Justo Molina	3537-39 NW 49 Street	Miami, FL 33142

11. E-mail Address

Atcgi@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Justo Molina

Date

5/31/10

Daytime Phone

(315) 25-6435