

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV -2 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # **LO7000032338**

1. Limited Liability Company's Name
RLJ Trucking of Miami, LLC.

2. Principal Office Address - No P.O. Box #
20365 SW 129 Ave

Suite, Apt. #, etc.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Miami

Zip Country
33177 US

City & State
Florida

Zip Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/26/07

6. FEI Number
20-8714743

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
Emilio Fernandez

Street Address (P.O. Box Number is Not Acceptable)
1125 SE 8th Ct

Suite, Apt. #, Etc.

City State Zip Code
Hialeah FL 33010

500187351395
11/02/10--01022--026 **\$377.50

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

Date **11/02/10**

REGISTERED AGENT MUST SIGN

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	EMILIO FERNANDEZ	1125 SE 8th Ct	Hialeah, Florida 33010

REINSTATEMENT

2009-2010

11. E-mail Address: _____ (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

Date **11/02/10**

Daytime Phone # **786.390.0132**

Typed or printed name of signing Managing Member/Manager