


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**

3. Mailing Office Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Miami Florida**

Zip Country  
**33177 US**

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 \_\_\_\_\_