

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000038591

1. Limited Liability Company's Name

TRANSIT II, LLC

500183414095
07/19/10--01046--008 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1333 NW 29th Street		3. Mailing Office Address 1333 NW 29th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33142	Country US	Zip 33142	Country US

4. State/Country of Formation Florida/US	
5. Date Organized or Qualified To Do Business in Florida 04/10/2007	
6. FEI Number 208807097	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name EASY CAB, LLC			
Street Address (P.O. Box Number is Not Acceptable) 1333 NW 29th Street			
Suite, Apt. #, Etc.			
City MIAMI	State FL	Zip Code 33142	

500183414095
07/30/10--01021--025 **277.50

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

REGISTERED AGENT MUST SIGN

Date 07/07/2010

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	SHIDDELL, NICHOLAS C	1333 NW 29th Street	MIAMI, FL 33142
MGRM	EASY CAB, LLC	1333 NW 29th Street	MIAMI, FL 33142

JB

REINSTATEMENT 2008-10

11. E-mail Address: transit.cab@gmail.com

(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 07/07/2010

Daytime Phone # 305 439 8033

Typed or printed name of signing Managing Member/Manager PARLADE, JAIME L.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FILED

10 JUL 29 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 21, 2010

TRANSIT II, LLC
1333 NW 29TH STREET
MIAMI, FL 33142

SUBJECT: TRANSIT II, LLC
Ref. Number: L07000038591

We have received your document for TRANSIT II, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We need an additional check for \$277.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 910A00017635