

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -8 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO7-72253**

1. Limited Liability Company's Name

Herndon Trucking LLC

CR2E041 (11/10)

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

6349 NW White Wing Dove

Suite, Apt. #, etc.

3. Mailing Office Address

6349 NW White Wing Dove

Suite, Apt. #, etc.

City & State

Greenville FL

City & State

Greenville FL

Zip

32331

Country

US, Madison

Zip

32331

Country

US, Madison

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3419629

☐ 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

Raymond Herndon

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

6349 NW White Wing Dove

Suite, Apt. #, Etc.

5

City

Greenville

State

FL

Zip Code

32331

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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

Raymond Herndon

REGISTERED AGENT MUST SIGN

Date

11/8/11

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
MEM	Raymond Herndon	6349 NW White Wing Dove	Greenville FL 32331

REINSTATEMENT 10-11

OR 11-8-11

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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. 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

Managing Member/Manager

Raymond Herndon

Date

11/8/11

Daytime Phone #

850-948-4019

Typed or printed name of signing Managing Member/Manager

Raymond L. Herndon