

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000075223

1. Limited Liability Company's Name

GRY'S TRANSPORT LLC

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PRK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 11 AM 8:16

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1121 NW 78 AVE		3. Mailing Office Address 1121 NW 78 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33024	Country US	Zip 33024	Country US

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida 07/20/2007	
6. FEI Number 26-0971000	Applied For 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 ORDONEZ REYES, GRISELDA			
Street Address (P.O. Box Number is Not Acceptable) 1121 NW 78 AVE			
Suite, Apt. #, Etc.			
City PEMBROKE PINES	State FL	Zip Code 33024	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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03/23/10--01011--015 **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: *[Signature]* Date: 05/03/2010

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
MGR	ORDONEZ REYES, GRISELDA	1121 NW 78 AVE	PEMBROKE PINES, FL 33024
MGR	MIRANDA, CELSO	1121 NW 78 AVE	PEMBROKE PINES, FL 33024
<p>REINSTATEMENT 2008-2010</p> <p>200180668012 03/23/10--01011--015 **277.50</p>			

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: *[Signature]* Date: 05/03/2010 Daytime Phone #: (615) 579-7011

Typed or printed name of signing Managing Member/Manager: _____