

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV -3 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700162257927
10/28/09--01030--015 **377.50

CR2E041 (10/08)

DOCUMENT # L07000076859

1. Limited Liability Company's Name

ALME TRANSPORTATION SERVICES LLC

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

2016 NW 84th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

US

3. Mailing Office Address

2016 NW 84th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33122

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 07/19/07

6. FEI Number

32.0292138

☐ 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

SARDINI DE ALETTI, KEYLA

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

2016 NW 84th Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33122

☐ 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.

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

Keyla Sardini

REGISTERED AGENT MUST SIGN

Date

10/26/09

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	Servicios De Transporte Almesaca	Av. Lisandro Alvarado Calle El Socorro	Sector La Florida Terreno SN 2004

REINSTATEMENT

08-08

08-11-09

11. 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

Keyla Sardini

Date

10/26/09

Daytime Phone #

7863278617

Typed or printed name of signing Managing Member/Manager

KEYLA SARDINI DE ALETTI