

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100.00 Reinstatement
138.75 2012 Annual Report
238.75 Total
FILED

NOV 26 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000080969

1. Limited Liability Company's Name

Zach's Railway, LLC

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

45 NE 39 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

US

3. Mailing Office Address

45 NE 39 Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/7/2007

6. FEI Number

26-0680792

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 Joseph R. Colletti

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

7770 Biscayne Blvd

Suite, Apt. #, Etc.

Suite 630

City

Miami

State

FL

Zip Code

33137

E-mail Address:

300242095923

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stevevhodesmiami@gmail.com
(To be used for future annual report notices)

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 11-19-12

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	Steven M. Rhodes	45 NE 39 ST	Miami FL 33137

J. SAULSBERRY
EXAMINER

NOV 27 2012

REINSTATEMENT
2012

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. 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

[Signature] (Steven M. Rhodes)

Date 11/19/12

Daytime Phone # (305) 799-1407

Typed or printed name of signing Managing Member/Manager