

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 19 AM 11:21

DOCUMENT # L07000096595

1. Limited Liability Company's Name

WP Transport, LLC

REINSTATEMENT 2008-10 284

000172216720
03/15/10--01052--012 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 8450 Quisqualis Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32822	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09-21-2007	
6. FEI Number 26-1105619	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 Carlos M. Williams-Rodriguez			
Street Address (P.O. Box Number is Not Acceptable) 8450 Quisqualis Dr.			
Suite, Apt. #, Etc.			
City Orlando	State FL	Zip Code 32822	

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Carlos M. Williams	8450 Quisqualis Dr.	Orlando, FL 32822
MGR	Pura S. Pereles	8450 Quisqualis Dr.	Orlando, FL 32822

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

Pura S. Pereles

Date

3/11/10

Daytime Phone #

407-791-7530

Typed or printed name of signing Managing Member/Manager