PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 JAN 23 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100307742821
01/11/18--01022--015 **1210.00

DOCUMENT # L08000073457

1 Limited Liability Company's Name

TRAN STAR, LLC

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
20040 CHAPEL TRACE	N/A
Suite, Apt #, etc: N/A	Suite, Apt #, etc: N/A
City & State: ESTERO, FLORIDA	City & State: N/A
Zip: 33928 Country: US	Zip: N/A Country: N/A

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA US

5. Date Organized or Qualified To Do Business in Florida: 7.30.2008

6. FEI Number: 26-3082654 ☐ 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: ROBERT S. MOORE

Street Address (P.O. Box Number is Not Acceptable) Suite:
20040 CHAPEL TRACE

Apt. # Etc:
N/A

City: ESTERO State: FL Zip Code: 33928

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Robert S. Moore Date: 1.9.2018
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	ROBERT S. MOORE	20040 CHAPEL TRACE	ESTERO, FL 33928
MGR	DENNIS R. LONG	4174 LITTLE STREAMS TRAIL	LAMBERTVILLE, MI 48144

11. E-mail Address: bobmoore@BEX.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Robert S. Moore Date: 1.9.2018 Daytime Phone #: 419.250.7222

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Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Successful Investment, LLC
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☑ Pick up time: _____ ☐ Certified Copy ☐ Certificate Of Status

New Filings	
	Profit
	Non-Profit
	Limited Liability
	Other:

Amendments	
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Filings	
	Annual Report Reinstatement
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	

JAN 23 2018
J. HARRIS