ATTN: LESLIE SEILER FAX: 850-245-6030

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 NOV 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L08000090159

1. Limited Liability Company's Name
P&B CARGO SHIPPING LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3060 NW 27TH ST | P.O. BOX 821422 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LAUDERDALE LAKES | City & State: FT. LAUDERDALE FL |
| Zip: 33311 Country: US | Zip: 33082 Country: US |

4. State/Country of Formation: FL, US

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

6. FEI Number: 800263430 ☐ 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: SCOTT FURCIEN

Street Address (P.O. Box Number is Not Acceptable): 874 SW 159TH LN

Suite, Apt. #, Etc.:

City: PEMBROKE PINES State: FL Zip Code: 33027

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11/23/10--01007--008 **263.75

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: 11-22-10

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 | SCOTT PIERRE, R | 874 SW 159TH LN | P.P FL 33027 |
| MGR | SCOTT FURCIEN | 874 SW 159TH LN | P.P FL 33027 |

REINSTATEMENT 2010

L. SELLERS
NOV 24 2010
EXAMINER

11. E-mail Address: PIERRESCOTT@GMAIL.COM
(To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 608.408, 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: 11-22-10 Daytime Phone # 954-668-7214

Typed or printed name of signing Managing Member/Manager: