

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 08 000 113 777

1. Limited Liability Company's Name

Gray Arrow Transport, LLC

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

1205 Country Club Blvd
Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Titusville FL

City & State

Zip

Country

Zip

Country

32780

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

12-12-2008

6. FEI Number

☐ Applied For

☐ Not Applicable

7

CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (1/11)

FILED

11 JUN - 1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700208334827

06/01/11--01019--017 **16.25

700208334827

06/01/11--01019--015 **500.00

8. Name and Address of Current Registered Agent

Name

Shawn Gray

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

1205 Country Club Blvd

Suite, Apt. #, Etc

City

Titusville

State

FL

Zip Code

32780

E-mail Address:

grayarrowtrans@yahoo.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

Shawn C Gray

Date 6/1/2011

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 Shawn Gray

1205 Country Club Blvd
Titusville FL 32780

REINSTATEMENT 09-11

OK 6-1-11

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

Shawn C Gray

Date 6/1/2011

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____