

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 APR 25 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LU9000087311

1. Limited Liability Company's Name

DAVID M. TRANSPORT LLC

900204204529
04/25/11--01047--006 **377.50

CR2E041 (1/11)

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

268 West River Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PALATKA, FL.

City & State

Zip

32177

Country

POTNAM

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

patsy1241@wmconnect.com
(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

DAVID M. WISNEWSKI

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

268 West River Rd

Suite, Apt. #, Etc.

City PALATKA

State
FL

Zip Code
32177

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

David M. Wisniewski

Date 4-25-11

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	DAVID M. WISNEWSKI	268 West River Rd.	PALATKA, FL, 32177
		J. SAULSBERRY EXAMINER	
		APR 25 2011	

REINSTATEMENT
2010-11

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

David M. Wisniewski

Date 4-25-11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager