

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 AUG 19 AM 11:00

DOCUMENT # 609060122378

1. Limited Liability Company's Name

NRW Transportation Consulting Company, LLC.

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

5027 Lodgewood Dr.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33810

Country

USA

3. Mailing Office Address

5027 Lodgewood Dr.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33810

Country

USA

CR2E041 (1/11)

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

12/28/2009

6. FEI Number

27-1567687

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

Norman R Whitaker Sr.

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

5027 Lodgewood Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

E-mail Address:

**600250866656
08/19/13--01044--026 **516.25**

n timer@ 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

Norman R Whitaker Sr.

Date **08/05/2013**

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	Norman R Whitaker	5027 Lodgewood Dr.	Lakeland, Florida 33810

REINSTATEMENT

AUG 19 2013

R. HUNT

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

Norman R. Whitaker Sr.

Date **08/05/2013**

Daytime Phone # **863-899-2911**

Typed or printed name of signing Managing Member/Manager **Norman R Whitaker Sr.**