

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC 30 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L100000 18414

1. Limited Liability Company's Name

SYRLEXI TRUCKING LLC

CR2E041 (1/11)

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

618 BINNEY ST.

Suite, Apt. #, etc.

3. Mailing Office Address

618 BINNEY ST.

Suite, Apt. #, etc.

City & State

NE PALM BAY FL

City & State

NE PALM BAY FL

Zip

32907

Country

Zip

32907

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2/17/2010

6. FEI Number

27-1599744

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

EARLAND A. CHARLES

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

618 BINNEY ST.

Suite, Apt. #, Etc.

City

NE PALM BAY

State

FL

Zip Code

32907

E-mail Address:

SYRLEXITRUCKING@yahoo.com

200215678522

12/30/11--01023--012 **238.75

(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

[Signature]

Date

12-27-2011

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
MGR.	EARLAND A. CHARLES	618 BINNEY ST.	NE. PALM BAY FL
			32907

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

[Signature]

Date

12-27-2011

Daytime Phone #

321 698 1526

Typed or printed name of signing Managing Member/Manager