

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 10 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10000039663**

1. Limited Liability Company's Name
NV Transportation & Logistics LLC

200213386682
10/17/11--01062--001 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 10635 Ponteferno Circle		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Trinity FL		City & State	
Zip 34655	Country USA	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 4/13/10	
6. FEI Number 27-2327290	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Northwest Registered Agent LLC			
Street Address (P.O. Box Number is Not Acceptable) 3111 W. Dr. MLK Blvd., STE 100-B180			
Suite, Apt. #, Etc.			
City Tampa	State FL	Zip Code 33607	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **10/13/11**

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
Mgrm	Gerald Nolasco, MGRM	10635 Ponteferno Circle.	Trinity FL 34655

REINSTATEMENT 2011 **200213386682**
11/04/11--01002--008 **100.00

L. SELLERS

NOV 1 6 2011

EXAMINER

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.

Signature of Managing Member/Manager *[Signature]* MGRM Date **10/13/11** Daytime Phone # **727-236-6286**

Typed or printed name of signing Managing Member/Manager **Gerald Nolasco, MGRM**