

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2014 SEP 23 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000071664

1. Limited Liability Company's Name

PENINSULA TRANSPORTATION GROUP, LLC.

CR2E041 (1/14)

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

1401 E Broward Blvd

Suite, Apt. #, etc.

206

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

1401 E Broward Blvd

Suite, Apt. #, etc.

206

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

7/7/2010

6. FEI Number

27-3099767

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

Bart Houston

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

1401 E. Broward Blvd

Suite, Apt. #, Etc.

206

City

Ft. Lauderdale

State

FL

Zip Code

33301

000264608390  
10/07/14--01032--007 \*\*25.00

000264608390  
09/23/14--01006--005 \*\*238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/16/2014

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Cullan Meathe	505 Middle River	Ft. Lauderdale, FL 33304
REINSTATEMENT			

11. E-mail Address: bhouston@thglaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

9/16/14

Daytime Phone #

954-551-8600

Typed or printed name of signing Authorized Representative/Manager

Cullan Meathe