
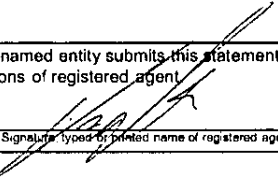


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

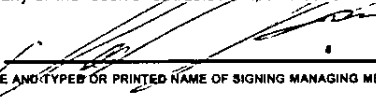
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000096302					
1. Entity Name JEFFERSON TRANSPORTATION ENTERPRISE, LLC					
Principal Place of Business 111 PARKER COVE COURT OCOE, FL 34761			Mailing Address 111 PARKER COVE COURT OCOE, FL 34761		
2. Principal Place of Business - No P.O. Box # 4713 CASON COVE Suite (Apt) #, etc. 1608 City & State Orlando, FLA Zip 32811 Country ORANGE		3. Mailing Address 4713 CASON COVE Suite (Apt) #, etc. 1608 City & State Orlando, FLA Zip 32811 Country ORANGE		4. FEI Number 27-3461701	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JEFFERSON, DEMOND G 111 PARKER COVE COURT OCOE, FL 34761			7. Name and Address of New Registered Agent Name Jefferson, Demond Street Address (P.O. Box Number is Not Acceptable) 4713 CASON COVE #1608 City Orlando FL Zip Code 32811		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 2/29/2012					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARR, CHARNETTA EBONI 111 PARKER COVE COURT OCOE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFERSON, DEMOND 4713 CASON COVE #1608 Orlando, FLA 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800223488358 03/01/12--01003--003 **378.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
2011-2012

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS