

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000107863

1. Limited Liability Company's Name
R&T Glover Transport

2. Principal Office Address - No P.O. Box #
4768 Woodville Highway

Suite, Apt. #, etc.
Apt 832

City & State
Tallahassee, FL

Zip Country
32305 United States

3. Mailing Office Address

4768 Woodville Highway

Suite, Apt. #, etc.
Apt 832

City & State
Tallahassee, FL

Zip Country
32305 United States

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/01/2011

6. FEI Number
27-3721783

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
Reginald Glover Jr.

Street Address (P.O. Box Number is Not Acceptable) Suite.
15105 Buckhorn Court

Apt. #, Etc.
Apt 302

City State Zip Code
Lutz FL 33559

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03/14/16--01006--025 **932.50

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

Reginald Glover Jr.
REGISTERED AGENT MUST SIGN

Date 02/11/2016

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
MGR	Reginald Glover	4768 Woodville Highway Apt 832	Tallahassee, FL 32305
MGR	Ronald Glover	4768 Woodville Highway Apt 832	Tallahassee, FL 32305

MAR 14 2016

11. E-mail Address reggieglover3@gmail.com

(To be used for future annual report notifications)

Y-SULKER

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Reginald Glover

Date 02/11/2016

Daytime Phone # 8505109080

Typed or printed name of signing authorized representative/member Reginald Glover