

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 OCT 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000241261950
10/29/12--01004--020 **243.00

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000015685

1. Limited Liability Company's Name

Express Delivery Solutions, LLC

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

318 Grace Cunningham Rd Suite, Apt. #, etc.

3. Mailing Office Address

Same as principal

City & State

Quincy, FL
32352 USA

City & State

Quincy FL
32352 USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

1/12+1

6. FEI Number 4555725
27-4555725

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 James Jones, Jr.

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

318 Grace Cunningham Rd

Suite, Apt. #, Etc

City Quincy

State FL

Zip Code 32352

E-mail Address:

jam.jones526@aol.com
(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

James Jones Jr.

Date 10/25/2012

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. | James Jones Jr. | 318 Grace Cunningham Rd | Quincy, FL. 32352 |
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REINSTATEMENT
2012

J. SAULSBERRY
EXAMINER

OCT 29 2012

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

James Jones Jr.

Date 10/25/2012

Daytime Phone # 850-508-0762

Typed or printed name of signing Managing Member/Manager