

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000068074

1. Limited Liability Company's Name

C & T Trucking LLC

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

1174 West 30th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1174 West 30th Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip Country

32209 U.S.

City & State

Jacksonville, FL

Zip Country

32209 U.S.

4. State/Country of Formation

FL / US

5. Date Organized or Qualified To Do Business in Florida

May 21, 2010

6. FEI Number

90-0850246

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 Calvin Buckholtz

Street Address (P.O. Box Number is Not Acceptable)
1174 West 30th Street

Suite, Apt. #, Etc.

City Jacksonville

State FL Zip Code 32209

E-mail Address:

c.buckholtz1108@student.ecpc.edu

(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 605, F.S.

Signature of Registered Agent Calvin Buckholtz

Date 12-29-2016

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Calvin Buckholtz	1174 West. 30th Street	Jacksonville, FL 32209

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person Calvin Buckholtz

Date 12-29-2016 Daytime Phone # (904) 345-9577

-----Typed or printed name of signing Authorized Person-----

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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