## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

ORLANDO URLANDO 46-1823917 Not Applica	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTI Secretary of S DIVISION OF CORP	State			
L12000152060  7 Principal Office Address - No PO Box # 10325 ORANGEWOOD BLVD PO BOX 690712  5-sts Apl # etc  SultE 101A  17/4 State  ORLANDO  Country  FL  8. Name and Address of Current Registered Agent  Rame  8. Name and Address of Current Registered Agent  Name  8. Name and Address of Current Registered Agent  Name  9. State Apl # etc  7 Citt ACITE O'STAND DISSIBLD  31 Loeng Appointed the registered agent in the abovy named imace labelity company, and sender and accept the obligations of Chapter 605. P. S. Supplied Agent Authorized agent and accept the obligations of Chapter 605. P. S. Supplied Agent Authorized agent and accept the obligations of Chapter 605. P. S. Supplied Agent Authorized agent and accept the obligations of Chapter 605. P. S. Supplied Agent Authorized agent and accept the obligations of Chapter 605. P. S. Supplied Agent Authorized agent				]   30:   05/28/	8008310066038 05/28/1901009007 ++238.78	
10325 ORANGEWOOD BLVD  PO BOX 690712  Suite Apt #, etc  Suite Apt #, etc  Suite Apt #, etc  1776 State  ORLANDO  ORLANDO	L12000152060			<del>55,125</del>	<del>///</del>	
Suite Apt # etc  SUITE 101A  Suite Apt # etc  SUITE 5 state  City & Stat		1		<del> </del>	<del></del>	
City & State ORLANDO Country C	Suite, Apt. #, etc			FLORIDA		
ORLANDO  Serie Address of Country FL  S. Name and Address of Current Registered Agent  Rieme  ABDUVOSIT RAZIKOV  Serie Address (P) Son Number in Not Acceptable) Suite.  10325 ORANGEWOOD BLVD  Apr I E E  SUITE 101A  Gity ORLANDO  I Leeing appointed the registered agent of the abovy named limited liability company, and familiar with and accept the obligations of Chapter 605, F.S.  Series Address of Authorized Representatives/  Mannagers  I leeing Authorized Representatives/  Multinigers  MGR  ABDUVOSIT RAZIKOV  10764 WHARTON COURT  ORLANDO/FL/32821  I, E-mail Address abdul@dmwt/rans.com  (Toe used for future amount in post neckstores)  (Toe used for future amount in post neckstores)  O execute this application as provinged for in Chapter 605, F.S. I further in the second of the second for in Chapter 605, F.S. I further in the second of		Criv & State			for Qualified in Florida 12/5/2012	
E. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  ABDUVOSIT RAZIKOV  Steel Address (P.O. Bo. Number is Not Acceptable) State.  10325 ORANGE WOOD BLVD  Apt I Etc.  SUITE 101A  City  ORLANDO  1. Lebeng appointed the registered agent of the abovy named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.  Plane of Authorized Representatives/  Managers  Managers  1. Email Address   Abdul@dmwtrans.com   10764 WHARTON COURT   ORLANDO/FL/32821  1. E-mail Address   abdul@dmwtrans.com   10764 WHARTON COURT   ORLANDO/FL/32821  2. Leteroly that I am an authonized representatives/ manager or introducerons   10764 WHARTON COURT   ORLANDO/FL/32821	ORLANDO	ORLANDO			Applied For Not Applicable	
Stets Address (P.O. Ban Number is Not Acceptable) Suite.  10325 ORANGEWOOD BLVD  Apt # Etc  SUITE 101A  City  ORLANDO  1 being appointed the registered agent of the abovy named limited liability company, an familiar with and accept the obligations of Chapter 805, F.S.  signature of registered Agent.  REGISTERED AGENT MUST SIGN  10 Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/Managers  MGR ABDUVOSIT RAZIKOV  10764 WHARTON COURT  ORLANDO/FL/32821  1, E-mail Address  abdul@dmwtrans.com  (To be used for future amount to be annohizators)  2, I certify that I am an authorized representative/manager or the receiver or trustee empowere 1 to execute this application as provided for in Chapter 695, F.S. I turther	,		Country	7. CERT.FICATE OF STA	ATUS DESIRED 55.00 Additional Fee required for a certificate of status	
Stets Address (P.O. Ban Number is Not Acceptable) Suite.  10325 ORANGEWOOD BLVD  Apt # Etc  SUITE 101A  City  ORLANDO  1 being appointed the registered agent of the abovy named limited liability company, an familiar with and accept the obligations of Chapter 805, F.S.  signature of registered Agent.  REGISTERED AGENT MUST SIGN  10 Names and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/Managers  MGR ABDUVOSIT RAZIKOV  10764 WHARTON COURT  ORLANDO/FL/32821  1, E-mail Address  abdul@dmwtrans.com  (To be used for future amount to be annohizators)  2, I certify that I am an authorized representative/manager or the receiver or trustee empowere 1 to execute this application as provided for in Chapter 695, F.S. I turther		s of Current Registered Ager	nt	-	6107	
Apt # Etc SUITE 101A  City ORLANDO  1. Deang appointed the registered agent of the abovy named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  wignature of registered Agent REGISTERED AGENT MUST SIGN  13. Names and Street Addresses of Authorized Representatives/Managers  Titles Authorized Representatives/ Managers  MGR ABDUVOSIT RAZIKOV  10764 WHARTON COURT  ORLANDO/FL/32821  1, E-mail Address  abdul@dmwtrans.com  (To be used for future annual re-or: noshcaptors)  (To be used for future annual re-or: noshcaptors)  2, I certify that I am an authorized representatives/ manager or the receiver or trustee empowere: to execute this application as provided for in Chapter 605, F.S. I further	ABDUVOSIT RAZIKOV				HAY F.	
SUITE 101A  City ORLANDO  3 IL being appointed the registered agent of the abovy named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.  signature of registered Agent REGISTERED AGENT MUST SIGN  13 Names and Street Addresses of Authorized Representatives/Managers  Titles Authorized Representatives/ Street Address of Each Authorized representatives/ Managers  MGR ABDUVOSIT RAZIKOV 10764 WHARTON COURT ORLANDO/FL/32821  1 E-mail Address abdul@dmwtrans.com  (To be used for future annual re-port neckboxions)  2 Locatify that I am an authorized representatives/ manager or the receiver or trustee empowere: to execute this application as provided for in Chapter 605, F.S. I further of the control o	10325 ORANGEWOOD BLVD	.e.				
ORLANDO    FL   32821	SUITE 101A	<del></del>	<del>- •</del>		<b>MH</b> 1	
## Page	•				35- :- 	
Name of Authorized Representatives/ Managers Man	agnature of	7		cept the obligations of		
Authorized Representatives/ Managers  MGR ABDUVOSIT RAZIKOV 10764 WHARTON COURT ORLANDO/FL/32821  1 E-mail Address abdul@dmwtrans.com  (To be used for future annual re port notifications)  2. I certify that I am an authorized representative/ manager or the receiver or trustice empowere: to execute this application as provided for in Chapter 505, F.S. I further	Names and Street Addresses of Authorized Repre	sentatives/Managers				
To Be used for future annual re xxx: notifications)  2. I certify that I am an authorized representative/ manager or the receiver or trustee empowere; to execute this application as provided for in Chapter 605, F.S. I further	Authorized Representatives	/	Authorized Fepresentation		City / State / Zip	
1, E-mail Address abdul@dmwtrans.com  (To be used for future annual re yor notifications)  2. I certify that I am an authorized representative/ manager or the receiver or trustee empowere: to execute this application as provided for in Chapter 605, F.S. I further	MGR ABDUVOSIT RAZIK	.OV 10	764 WHARTON CO	OURT	ORLANDO/FL/32821	
1, E-mail Address abdul@dmwtrans.com  (To be used for future annual re yor notifications)  2. I certify that I am an authorized representative/ manager or the receiver or trustee empowere: to execute this application as provided for in Chapter 605, F.S. I further					ı GLASS	
(To be used for future annual relicit points)  2. I certify that I am an authorized representative/ manager or the receiver or trustee empowere : to execute this application as provided for in Chapter 605, F.S. I further	abdul@dmwtrans.com		<del></del>			
2. I certify that I am an authorized representative/ manager or the receiver or trustee empowere to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement and instruction the representative that when filling this reinstatement and instruction the representative that when filling this reinstatement and instruction that the limited liability company name satisfies the requirement of section		(To be used to				
in 05 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. Lemaware that false information submitted in a document to the Department of State constitutes a third degree selony as provided for in s. 817,155, F.S.	entify that when filing this reinstatement application -05 0012, F.S., and that all fees owed by the limite -hall have the same legal effect as if made under o -slony as provided for in s. 817,155, F.S.	n the reason for dissolution has d hability company have been i	is been eliminated the limite paid. The information indicator reason submitted in a document of the paid of the pa	ed liability company na ated on this application ument to the Department	ame satisfies the requirement of section on is true and accurate, and my signature ent of State constitutes a third degree	
Signature of authorized representative/member 1 ate 05/10/2019 Daytime Phone # (407) 346-3536	Signature of authorized representative/member	sentative/member	(late US)	Daytir	me Phone # (407) 340-3330	

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.

- Block 1 Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2 Enter the limited liability company's principal place of business address. (A post office box is not acceptable)
- Block 3 Enter the limited liability company's mailing address. (A post office box is acceptable)
- Block 4 Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5 Enter the date organized or qualified with this office.
- Block 6 Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 7 Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 8 Section 605.0113, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 605.0113, Florida Statutes, and the registered office must a Florida street address.
- Block 9 The designated registered agent must indicate familiarity with Chapter 605, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with section 605.0715 and 605.0113, F.S. If the registered agent does not sign, the application will be rejected
- Block 10

Enter the name, title and street address of each manager or authorized representative. Use the following abbreviations: MGR = Manager; and AR = Authorized Representative. MGR- A person outside the company who will manage the company AR- A person who is a member and also manages the company. Attach additional sheets if necessary. Enter the entity's e-mail address. This will be used for future annual report notices.

Block 11

Enter the entity's e-mail address. This should be used for future annual report notices.

Block 12

Block 12 must be signed by current authorized representative or manager listed in Block 10 or an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

## MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00

Annual Report Fee..............\$138.7:5 (For each year or a part of a year dissolved)

Minimum Amount Due.....\$238.75

MAILING ADDRESS:

COURIER SERVICE ADDRESS:
Registration Section

**INTERNET ADDRESS:** 

www.sunbiz.org

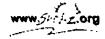
Division of Corporations Registration Section P.O. Box 6327

Clifton Building
2661 Executive Certer Circle

Tallahassee, FL 32314 Tallahassee, FL 32301

Phone: (850) 245-6051

CR2E041 (1/14)



Corporations

Reinstatement

Payments

Activity

Tools

೭

rvamadore

## Resend Reinstatement Email

Entity Name: DM TRUCKING L.L.C.
Document Number: L12000152060
Tracking Number: 8403164585CR
Reinstatement Status: Rejected
Email: billing@dmwtrans.com

Alternate Email

**Email Body** 

Document Number: L12000152060

Reinstatement Tracking Number: 8403164585CR

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314. Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

http://form.sunbiz.org/pdf/cr2e049.pdf Amendment Form

http://form.sunbiz.org/pdf/cr2e041.pdf Reinstatement Form

Smy From

Cancel

