

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Limited Liability Company's Name

L12000152060

8003810066008
05/28/19--01009--002 **238.75

~~05/28/19--01009--002 **238.75~~

2. Principal Office Address - No P.O. Box # 10325 ORANGEWOOD BLVD		3. Mailing Office Address PO BOX 690712	
Suite, Apt. #, etc SUITE 101A		Suite, Apt. #, etc	
City & State ORLANDO		City & State ORLANDO	
Zip FL	Country	Zip FL	Country

CR2EC41 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 12/5/2012	
6. FEI Number 46-1823917	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name ABDUVOSIT RAZIKOV			
Street Address (P.O. Box Number is Not Acceptable) Suite, 10325 ORANGEWOOD BLVD			
Apt. # Etc SUITE 101A			
City ORLANDO	State FL	Zip Code 32821	

APPROVED
AND
FILED
2019 MAY 14 AM 11:46
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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 	Date 05/10/19
REGISTERED AGENT MUST SIGN	

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	ABDUVOSIT RAZIKOV	10764 WHARTON COURT	ORLANDO/FL/32821

T GLASS

11. E-mail Address abdul@dmwtrans.com		MAY 28 2019	
(To be used for future annual report notifications)			
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 		Date 05/10/2019	
Typed or printed name of signing authorized representative/member		Daytime Phone # (407) 346-3536	

**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 be 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.

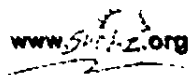
MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00
 Annual Report Fee.....\$138.75 (For each year or a part of a year dissolved)
 Minimum Amount Due.....\$238.75

MAILING ADDRESS:
 Division of Corporations
 Registration Section
 P.O. Box 6327
 Tallahassee, FL 32314

COURIER SERVICE ADDRESS:
 Registration Section
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301
 Phone: (850) 245-6051

INTERNET ADDRESS:
www.sunbiz.org



Corporations

Reinstatement

Payments

Activity

Tools



rvanadore

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

Send Email

Cancel

