PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2017 MAY 31 PM

ARY OF STATE
ASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000023300

1. Limited Liability Company's Name
TRANSFLORIDA TRANSIT LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16211 S.W. 102 Ave.	16211 S.W. 102 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33157 Country: US	Zip: 33157 Country: US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 01-08-2013

6. FEI Number: 46-1715447 ☐ 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: Julien A. Sprauve

Street Address (P.O. Box Number is Not Acceptable) Suite,
16211 S.W. 102 Ave.

Apt. #, Etc

City: Miami State: FL Zip Code: 33157

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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: Julien A. Sprauve Date: 05-20-17
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
CEO	Jo'nell A. Sprauve	16211 S.W. 102 Ave.	miami, Fl. 33157
VP	Jante' A. Sprauve	16211 S.W. 102 Ave.	miami, Fl. 33157
Chair	Julen A. Sprauve	16211 S.W. 102 Ave.	miami, Fl 33157
CFO	Julien A. Sprauve	16211 S.W. 102 Ave.	miami, Fl. 33157

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11. E-mail Address: Sprauvej@bellsouth.net (To be used for future annual report notifications) C. CARROTHERS

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: Jante Sprauve Date: 5/20/17 Daytime Phone #: 786 486 1737

Typed or printed name of signing authorized representative/member: Jante Sprauve