

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 FEB 13 PM 5:52
SECRETARY OF STATE
HALL

DOCUMENT # L13000016337

1. Limited Liability Company's Name

Freight Source 1
1366 80th St. South
Saint Petersburg, FL

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

1366 80th St. South

Suite, Apt. #, etc.

City & State

Saint Petersburg

Zip

Country

33707

3. Mailing Office Address

1366 80th St. South

Suite, Apt. #, etc.

City & State

Saint Petersburg

Zip

Country

33707

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

Jan 31, 2013

6. FEI Number

90-0932698

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

Laurie DeBitetto

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

1366 80th St. South

Suite, Apt. #, Etc.

City

Saint Petersburg FL

State

FL

Zip Code

33707

02/13/15--01029--016 **138.75

700268009237
01/05/15--01028--009 **238.75

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

Laurie DeBitetto
REGISTERED AGENT MUST SIGN

Date Dec 31, 2014

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
Manager	Laurie DeBitetto	1366 80th St. South	Saint Petersburg FL 33707

REINSTATEMENT

FEB 13 2015

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11. E-mail Address: ldebitetto@freightsource1.com

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Laurie DeBitetto

Date

Dec 31, 2014

Daytime Phone #

816.559.8931