LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 NOV 29 AM 11: 44

SECRETARY OF STATE
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8003772-1158
11/29/21--01029--001 **516.25

DOCUMENT #

1. Limited Liability Company's Name

Road Runners express LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1665 Lime street	1665 Lime street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. State/Country of Formation FLA / USA

5. Date Organized or Qualified to Do Business in Florida 2|12| 2013

City & State	City & State
Kissimmee FL	Kissimmee FL

6. FEI Number 46-2003414   ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country
34746	US	34746	US

7. CERTIFICATE OF STATUS DESIRED ☐   **$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name Anibal Valdes

Active

Street Address (P.O. Box Number is Not Acceptable) Suite.
1665 Lime Street

Apt. #, Etc.

City	State	Zip Code
Kissimmee	FL	34746

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 _a Valdes_   Date 11/19/21

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
	Anibal Valdes	1665 Lime street	Kissimmee FL 34746

11. E-mail Address RoadRunnersexpress@Hotmail.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 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 _a Valdes_   Date 11/19/21   Daytime Phone # 978-569-6014

Typed or printed name of signing authorized representative/member _____