




\$ 516.25 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000050757			
1. Limited Liability Company's Name SOUTHERN FREIGHT OF CENTRAL FLORIDA LLC			
2. Principal Office Address - No P.O. Box # 3197 WHISTLER WOOD WAY		3. Mailing Office Address P O BOX 181	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ZOLFO SPRINGS FL		City & State ZOLFO SPRINGS FL	
Zip 33890	Country US	Zip 33890-0181	Country US
8. Name and Address of Current Registered Agent			
Name KENNETH E FUTCH			
Street Address (P.O. Box Number is Not Acceptable) Suite, 3197 WHISTLER WOOD WAY			
Apt. #, Etc.			
City ZOLFO SPRINGS		State FL	Zip Code 33890
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 08/22/16	
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	KENNETH E FUTCH	3197 WHISTLER WOOD WAY	ZOLFO SPRINGS, FL
11. E-mail Address: _____ (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 08/22/16	
Typed or printed name of signing authorized representative/member KENNETH E FUTCH		Daytime Phone # _____	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

US

5. Date Organized or Qualified To Do Business in Florida

04/08/2013

6. FEI Number

46-2472600

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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K. ASHTON