

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 NOV 12 PM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13600210178

1. Limited Liability Company's Name

WEST PALM TRANSPORTATION, LLC

CR2E041 (1/14)

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

707 North J Street

Suite, Apt. #, etc.

3. Mailing Office Address

707 North J Street

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

08/05/2013

6. FEI Number  
46-3362361

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

United States

Zip

33460

Country

United States

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

800266437938

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

Courtney Williams  
Asst. Vice President

Date 11.11.14

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
AMBR	Sean A Benwell	707 North J Street	Lake Worth, FL 33460

11. E-mail Address: benwell@seanwell.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

Date

11/10/14

Daytime Phone

407-375-9072

Typed or printed name of signing Authorized Representative/Manager Sean A. Benwell/Member



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 347151 7950587

AUTHORIZATION :

COST LIMIT : \$238.75

ORDER DATE : October 22, 2014

ORDER TIME : 9:02 AM

ORDER NO. : 347151-010

CUSTOMER NO: 7950587

DOMESTIC FILINGS

NAME: WEST PALM TRANSPORTATION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
14 NOV 12 AM 10:49

282