

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 43060161694

1. Limited Liability Company's Name

SOUTH CAR GO LOGISTICS LLC

900268440029
01/16/15--01001--019 **377.50

CR2E041 (1/14)

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box # 2820 12TH AVE SE | | 3. Mailing Office Address 2820 12TH AVE SE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State NAPLES, FL | | City & State NAPLES, FL | |
| Zip 34117 | Country USA | Zip 34117 | Country USA |

| | |
|--|---|
| 4. State/Country of Formation FLORIDA, USA | |
| 5. Date Organized or Qualified To Do Business in Florida 11/18/2013 | |
| 6. FEI Number 47-2122307 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|--|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name LEROY A LAUPERT | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2820 12TH AVE SE | | | |
| Suite, Apt. #, Etc. | | | |
| City NAPLES | State FL | Zip Code 34117 | |

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| FEB 11 2015 | |
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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 | Date 1/13/2015 |
| 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 | RONDA LAUPERT | 2820 12TH AVE SE | NAPLES, FL 34117 |
| MGR | COREY LAUPERT | 2820 12TH AVE SE | NAPLES, FL 34117 |
| REINSTATEMENT | | | |
| JAN 15 2015 | | | |
| R. HUNT | | | |

| | |
|---|---|
| 11. E-mail Address: APINEDA@PREMIERAME.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 606, 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. 817.156, F.S. | |
| Signature of Authorized Representative/Manager | Date 1/13/2015 Daytime Phone # 850-942-7323 |
| Typed or printed name of signing Authorized Representative/Manager LEROY A LAUPERT | |