

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2015-2017

DOCUMENT # L 14000060393

1. Limited Liability Company's Name

H + A Trucking LLC

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

5322 1st Road

Suite, Apt. #, etc.

3. Mailing Office Address

5322 1st Road

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

8. Name and Address of Current Registered Agent

Name

Heather Garcia

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

5322 1st Road

Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Heather Garcia  
REGISTERED AGENT MUST SIGN

Date 1-18-2017

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
AP	Heather Garcia	5322 1st Road	Lake Worth FL 33467
MGR	Angel Garcia	5322 1st Road	Lake Worth FL 33467

M. MILLIGAN  
JAN 31 2017

11. E-mail Address: CCurly10ks@aol.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

Heather Garcia

Date

1-18-17

Daytime Phone

(561) 644-4885

Typed or printed name of signing authorized representative/member

Heather Garcia

FILE

2017 JAN 25 PM 1:14

RECEIVED JAN 24 2017  
DIVISION OF CORPORATIONS

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-0681706

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

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