

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 NOV -3 AM 9:50

DOCUMENT # L14000161186

1. Limited Liability Company's Name
Everglades Carrier L.L.C.

2. Principal Office Address - No P.O. Box #
26251 sw 162 ave

Suite, Apt. #, etc.

3. Mailing Office Address
26251 sw 162 ave

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33031

Country

USA

Zip

33031

Country

USA

8. Name and Address of Current Registered Agent

Name

Joseph Samalion

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

26251 SW 162 Ave

Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

October 15, 2014

6. FEI Number

47-2083144

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

700278771027
11/03/15--01027--020 **238.75

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 **10/28/2015**

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
AR	Joseph Samalion	26251 sw 162 ave	Homestead, FL
AR	Douglas Samalion	26251 sw 162 Ave	Homestead, FL

11. E-mail Address: **joesam007@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

Date **10/28/2015**

Daytime Phone # **786-255-5419**

Typed or printed name of signing authorized representative/member **Joseph Samalion**