## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIANT TO THE REAL PROPERTY AND THE PROP		
LIMITED LIABILITY	FLORIDA DEPARTMENT OF STATE	
COMPANY	Secretary of State	2019 1.17 -6 AM 8: 57
REINSTATEMENT	DIVISION OF CORPORATIONS	7019 111 = 0 MIL 0 0
	DIVISION OF CORPORATIONS	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DOCUMENT# 15000	0004038	
1 1 tempton Labelton Communication		
_	- a c acot 110	] 200828115112
COOCX + COCO	1/2/1/2/10/ E LCC	200828115112   03/26/1961019815 **100.88
DOUGH CY CARAGE	Transport LLC	
		200329115113 05/06/1901047023 ++138.75
2. Branch Office 144		15.5% GOV 15 - 525 - 1
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	CR2E041 (1/14)
10 56 4thad	1 10 56 4th Rd	4. State/Country of Formation
Suite, Apt #, etc	Suite Apt # etc	State County of Continuon
		5 800
·		5. Date Organized or Qualified To Do Business in Florida
City & State	City & State	]
Homesand & L	11/000 mg/ = 1 = 1	6 FEI Number Applied For
Zip Country	Zip Country	47-2748134 Not Applicable
	in a real definition of the second of the se	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
33030 Dade	133030 1 Made	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required
8 Name and Address	of Current Registered Agent	
Name	or content registered Affent	
Notone (	-10	
Street Address (P.O. Box Number is Not Acceptable) Suite	NU.	
Successions (P.O. Box Number is Not Acceptable) Suite	) Rd	
10 DE 410	<u>MO</u>	
Apt #, Etc.		
City	State Zip Code	
Homestead	FL  33030	
9. I, being appointed the registered agent of the above	e named limited liability company, am familiar with and acc	ent the objugations of Chanter 605 E S
/ !		Service and State of Chapter 2003, 7.3.
Signature of Registered Agent 2		<u>.</u>
1/1/1/12	(61, 10	Date
in the second of		
10 Names and Street Addresses of Authorized Represe	ntatives/Managers	
Titles Name of	Street Address of Each	
Authorized Representatives/	Authorized Representative Manager	e/ City / State / Zip
060		
MGR Enrique Va	11d0/16265 Sw 3	536WImmesond 7 33033
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	The state of the s
		ARCTO MORNAGE STATE
	\$46-1	NSTATEMENT
	d fina	The state of the s
h~:"		100
Drothe	COXORDO IIC WAI	NUO
11. E-mail Address	J. J. P. J. R. J. L. J. J. L. J. J. L. J. L. J. J. L. J. L. J. J. L. J. J. L. J. J. J. L. J.	
II, e mas nouress		
(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 tiability corpsany 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. Lampsware that false information submitted in a document to the Department of State constitutes a third degree		
shall have the same legal effect as if made under out felony as provided for in s. 817,155, F.S.		the December of Control of Contro
	1 am aware that false information submitted in a docum	tests to the Department or State constitutes a third degree
/	a Terrusylare that false information submitted in a docum	
Signature of authorized representative/member	Date	
Signature of authorized representative/member	Date	17/19 Daytime Phone # 77/6-4781-7089