

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 JAN -6 AM 8:57

DOCUMENT # L15000004038

1. Limited Liability Company's Name

Brother Express Transport LLC

200828115112
03/26/19--01019--015 **100.00

200828115112
05/06/19--01047--023 **136.75

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

10 SE 4th Rd

Suite, Apt #, etc

3. Mailing Office Address

10 SE 4th Rd

Suite, Apt #, etc

City & State

Homestead FL

Zip Country

33030 Dade

City & State

Homestead FL

Zip Country

33030 Dade

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-2748134

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Delma Ayala

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

10 SE 4th Rd

Apt #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

Delma Ayala

Date

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	Enrique Valido	16265 Sw 3034th	Homestead FL 33033

REINSTATEMENT

11. E-mail Address:

brotherexpressllc@yahoo

(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

Enrique Valido

Date

4/17/19

Daytime Phone #

786-481-7089

Typed or printed name of signing authorized representative/member

Enrique Valido