

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000180174

1. Limited Liability Company's Name
Stallion Transportation LLC

2. Principal Office Address - No P.O. Box #
525 E 27th st

Suite, Apt. #, etc.

City & State
Hialeah FL

Zip Country
33013 USA

3. Mailing Office Address
525 E 27th st

Suite, Apt. #, etc.

City & State
Hialeah FL

Zip Country
33013 USA

8. Name and Address of Current Registered Agent

Name

Incorp Services, Inc.

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

17888 67th court north

Apt. #, Etc.

City

Loxchatchee

State

FL

Zip Code

33470

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

REGISTERED AGENT MUST SIGN

Date 12/29/17

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	Julio Alvarez	525 E 27th st	Hialeah FL 33013

11. E-mail Address:

(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

12/26/17

Daytime Phone #

305-497-2522

Typed or printed name of signing authorized representative/member

Julio Alvarez

FILED 8:00 AM
December 28, 2017
Sec. Of State

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01/03/18--01022--008 **238.75

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 10/22/15

6. FEI Number
47-5454805

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status