

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000005589

1. Limited Liability Company's Name

V TRANSPORT SOLUTIONS, LLC.

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

5536 PURDY LANE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

3. Mailing Office Address

5536 PURDY LANE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33415

Country

USA

8. Name and Address of Current Registered Agent

Name

HAYDEE PEREZ

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

6415 S. DIXIE HIGHWAY

Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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 09/27/2016

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
P	CARLOS M VARGAS	5536 PURDY LANE	WEST PALM BEACH, FL 33415
VP	EILEEN VARGAS	5536 PURDY LANE	WEST PALM BEACH, FL 33415

11. E-mail Address CUBANITA1967@YAHOO.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

09/27/2016

Daytime Phone #

561-582-5599

Typed or printed name of signing authorized representative/member

EILEEN VARGAS

RE 10/28/16

RECEIVED

2016 OCT 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/28/16--01003--002 **143.75

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/31/2015

6. FEI Number

81-1091133

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status