

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L16000147869

1. Limited Liability Company's Name

L N Express service LLC

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

2816 Palm Riverview Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Riverview FL 33519

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

Name

Leandro Jorge

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

1907 Sterling Palms CT

Apt. #, Etc.

303

City

Brandon

State

FL

Zip Code

33511

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 6/6/23

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. Fresnelly Pena

1907 Sterling Palms CT

Brandon FL 33511

SMGR. Giselle Ferrera

27638 Sugar Leaf Dr

Wesley Chapel FL 33544

11. E-mail Address: L N Express service@gmail.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

[Signature] 6/6/23

Daytime Phone # 813-595-5938

2023 JUN 29 PM 12:21

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

200411431632  
06/29/23--01005--014 \*\*\$41.25