PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 NOV 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/17--01007--002 **487.50

CR2E041 (12/13)

DOCUMENT # L16000227358

1. Limited Liability Company's Name

Front Line Transportation LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1539 Rustling Pines Blvd	PO Box 180512
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Midway, FL	City & State: Tallahassee, FL
Zip: 32343 Country: United States	Zip: 32318 Country: United States

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 81-4512220 ☐ 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: Herschel Ruby

Street Address (P.O. Box Number is Not Acceptable): 3460 Zillah st

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32305

E-mail Address:

Frontline transpot@yahoo.com

(To be used for future annual report notices)

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 11-17-17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Herschel Ruby	3460 Zillah st	Tallahassee / Fl / 32305
MGR	Mishayla Ruby	1539 Rustling Pines Blvd	Midway / Fl / 32343

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person _____ Date 11-17-17 Daytime Phone # 850 524-3572

Typed or printed name of signing Authorized Person _____