PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 MAY 23 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

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CR2E041 (1/14)

DOCUMENT # L18000035632

1. Limited Liability Company's Name

AldeCOtrucking LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3189 Pellam Blvd	3189 Pellam Blvd
Suite Apt. #, etc.	Suite Apt. #, etc.
City & State: Port charlotte, fl	City & State: port charlotte fl
Zip: 33948 Country:	Zip: 33948 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/08/2018

6. FEI Number: 82-4339695 ☐ 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: David Jimenez

Street Address (P.O. Box Number is Not Acceptable) Suite:
3189 Pellam Blvd

Apt. #, Etc

City: Port charlotte | State: FL | Zip Code: 33948

REINSTATEMENT
2023

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 05/22/23
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
MNGR	Neyli Sotolongo	3189 Pellam Blvd	Port charlotte fl 33948

11. E-mail Address: Neyli1983@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 _____ Date 5-22-2023 Daytime Phone # 9418754606

Typed or printed name of signing authorized representative/member Neyli Sotolongo