#1665

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 MAR 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL

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1 Limited Liability Company's Name
Delva Transportation LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
3103 Ave M	Same
Suite Apt #, etc	Suite Apt #, etc
City & State: Fort Pierce, FL	City & State
Zip: 34947 Country: USA	Zip Country

4 State/Country of Formation: Florida

5 Date Organized or Qualified To Do Business in Florida: 2018

6 FEI Number: [X] 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: 3103 Ave M

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

Apt #, Etc

City: Fort Pierce | State: FL | Zip Code: 34947

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: Krystal Queen Date: 3-16-2022

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
MGR	Erick Delva	3103 Ave M Fort Pierce, FL 34947	Fort Pierce, FL 34947
MGR	Krystal Queen	3103 Ave M Fort Pierce, FL 34947	Fort Price, FL 34947

REINSTATEMENT

gf 4/14/2022

11. E-mail Address: KQueenRealtor@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: Krystal Queen Date: 3-16-2022 Daytime Phone #: 786-991-7858

Typed or printed name of signing authorized representative/member: Krystal Queen