

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L18000153901

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000153901

1. Limited Liability Company's Name

Ampro Transport LLC.

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

7368 Woodmont Ave

Suite, Apt. #, etc.

Apt 105

City & State

Tamara C FL

Zip

Country

33321

Broward

3. Mailing Office Address

7368 Woodmont Ave

Suite, Apt. #, etc.

Apt 105

City & State

Tamara C FL

Zip

Country

33321

Broward

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/23/2018

6. FEI Number / EIN

83-1051554

Applied For

Not Applicable

7.

\$5.00 Additional Fee required
for certificate of status

8. Name and Address of Current Registered Agent

Name

Denisse Vides

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

7368 Woodmont Ave

Apt. #, etc.

Apt 105

City

Tamara C

State

FL

Zip Code

33321

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

Denisse Vides

REGISTERED AGENT MUST SIGN

Date

8/7/2024

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
Co- owner	Alain Margron	7368 Woodmont Ave Apt 105 Tamara C	FL 33321

11. E-mail Address: denisse.1319@icloud.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

Denisse Vides

Date

8/7/24

Daytime Phone #

954-693-2287

Typed or printed name of signing authorized representative/member