PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

11/9

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000215975

1. Limited Liability Company's Name
S&A Trucking LLC

500417370115
10/13/23--01035--002 **500.00

500417370115
10/13/23--01035--003 **16.25

2. Principal Office Address - N. P. O. B. x #
1919 Estiva St
Suite Apt. # etc.

City & State
FWB FL

Zip | Country
32547 | US

3. Mailing Office Address
1919 Estival St
Suite Apt. # etc.

City & State
Fortwalton Beach FL

Zip | Country
32547 | US

4. State/Country of Formation

5. Date Organized or Qualified
in Business in Florida

6. FEI Number
Applied For
Not Applicable

7. EFFECTIVE DATE IF DESIRED
$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Anthony Ruffin

Street Address P.O. Box Number is Not Acceptable Suite
1919 Estival St
Apt. # Etc.

City
Fortwalton Beach

State | Zip Code
FL | 32547

FILED
2023 NOV -9 PM 4:29

9. Having been appointed the registered agent of the above-named limited liability company, I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative Manager	Street Address of Each Authorized Representative Manager	City State Zip
MGR	Anthony Ruffin	1919 Estival St.	Fortwalton Beach FL 32547

11. E-mail Address anthonk283@gmail.com
For future annual report notices

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 605.0112, 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.