

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 SEP 29 PM 12:07

DOCUMENT # L20000362252

1. Limited Liability Company's Name

Howards Transport and Logistics

700374194657
09/29/21--01013--018 **243.75

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

3465 Delaney Dr

Suite, Apt. #, etc

308

City & State

Melbourne FL

Zip

32934

Country

USA

3. Mailing Office Address

P.O. Box

Suite, Apt. #, etc

903

City & State

Cocoa FL

Zip

32923

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

11-10-2020

6. FEI Number

85-4081089

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

Andrew Howard

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

3465 Delaney Dr

Apt. #, Etc

308

City

Melbourne

State

FL

Zip Code

32934

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

Andrew Howard

Date 9-24-2021

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
AR	Andrew Howard	3465 Delaney Dr Apt # 308	Melbourne FL, 32934

REINSTATEMENT

SEP 29 2021

R. HUNT

11. E-mail Address Andrew.Howard85@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 Andrew Howard

Date 9-24-2021

Daytime Phone # 321-2434400

Typed or printed name of signing authorized representative/member