

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000316165

1. Limited Liability Company's Name

AM EXPRESS TRANSPORTATION, LLC

2. Principal Office Address - No P.O. Box #
2733 RIVER OAK, DR

Suite, Apt. #, etc.

City & State
ORANGE PARK, FL

Zip
32073

Country
USA

3. Mailing Office Address
2733 RIVER OAK, DR

Suite, Apt. #, etc.

City & State
ORANGE PARK, FL

Zip
32073

Country
USA

8. Name and Address of Current Registered Agent

Name
ALLEN FERNANDEZ Echemendia

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

2733 RIVER OAK, DR

Apt. #, Etc.

City
ORANGE PARK, FL

State
FL

Zip Code
32073

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

REGISTERED AGENT MUST SIGN

Date 10/18/2024

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
PRES/ MGR.	ALLEN FERNANDEZ Echemendia	2733 RIVER OAK, DR	ORANGE PARK, FL, 32073

11. E-mail Address: a.m.expresstrans@ 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

Date 10/18/2024

Daytime Phone # 706-203-3019

Typed or printed name of signing authorized representative/member ALLEN FERNANDEZ Echemendia

FILED

2024 NOV 12 AM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

07/10/2021

6. FEI Number

07-1641381

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

J. DENNIS
NOV 20 2024