

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000504250

1. Limited Liability Company's Name
REYCAR TRANSPORTATION LLC

2. Principal Office Address - No P.O. Box #
3317 20th St W

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

Zip Country
33971 US

3. Mailing Office Address
3317 20th St W

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

Zip Country
33971 US

8. Name and Address of Current Registered Agent

Name
CARMEN M. CHIRINOS CASTILLO

Street Address (P.O. Box Number is Not Acceptable) Suite,
317 20th St W

Apt. # Etc.

City State Zip Code
Lehigh Acres, FL 33971

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 **03/20/2024**

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
AMBR	REINALDO J. CEGARRA CHIRINOS	3317 20th St W	Lehigh Acres, FL 33971
AMBR	CARMEN M. CHIRINOS CASTILLO	3317 20th St W	Lehigh Acres, FL 33971
			APR - 2 2024
			M. WILLIAMS

11. E-mail Address:

(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

03/19/2024

Daytime Phone #

(239)703-9818

Typed or printed name of signing authorized representative/member

REINALDO J. CEGARRA CHIRINOS

FILED

2024 APR -2 PM 2:48

**SECRETARY OF STATE
TALLAHASSEE, FL**

**000426994450
000426994450
04/02/24--01023--013 \$243.75**

CR2EC41 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **11/24/2021**

6. FEI Number
87-4334238

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **\$5.00 Additional Fee required for a certificate of status**

REINSTATEMENT

2024