

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**REINSTATEMENT 2001**

**FILED**

01 OCT 17 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** L98000003062

1. Limited Liability Company's Name

COMPLETE FREIGHT SERVICES, L.C.  
 7262 NW 25th STREET  
 MIAMI, FLORIDA 33122

2. Principal Office Address

7262 NW 25th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation  
 FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

12/01/1998

6. FEI Number

65 0877228

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

MR. ANTHONY SMITH

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

7262 NW 25th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-16-01

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTHONY SMITH	7262 NW 25th STREET	MIAMI, FL 33122

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 -10/23/01--01037--020  
 \*\*\*\*150.00 \*\*\*\*150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager

Date 10-16-01

Daytime Phone (305) 599-2005

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)