

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 DIVISION OF CORPORATIONS

L98000003062

FILED

1. DOCUMENT # L98000003062
 Name and Mailing Address

02 DEC -2 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0001700 01 FP 0,352 **PRSR T6 0 0615 33122-170162
 COMPLETE FREIGHT SERVICES, L.C.
 7262 NW 25TH STREET
 MIAMI FL 33122-1701



2. New Mailing Address <i>1521 NW 89th COURT</i> City, State, Zip <i>MIAMI FL 33172</i>		4. State/Country of Formation FL	
Principal Place of Business 7262 NW 25TH STREET MIAMI FL 33122		5. Date Organized or Qualified To Do Business in Florida 12/01/1998	
3. New Principal Place of Business Address <i>1521 NW 89th COURT</i> City, State, Zip <i>MIAMI FL 33172</i>		6. FEI Number 65-0877228	Applied For Not Applicable
8. Name and Address of Current Registered Agent MR. ANTHONY SMITH 7262 NW 25TH STREET MIAMI FL 33122		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 *[Signature]* Date _____
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SMITHER, ANTHONY T	7262 NW 25TH STREET	MIAMI FL 33122
			400008756544 11/01/02--01055--005--**150.00-
REINSTATEMENT 2002			
<i>NSK</i>			

12. 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 *[Signature]* Date *10/28/02* Daytime Phone *(305) 599-2005*
 Typed or printed name of signing Managing Member/Manager