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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN 15 PM 12:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000003062  
Name and Mailing Address

0007288 01 AT 0.292 \*\*AUTO T7 0 0615 33172-260121  
COMPLETE FREIGHT SERVICES, L.C.  
1521 N.W. 89TH COURT  
MIAMI FL 33172-2601



2. New Mailing Address 1521 NW 89 CT City, State, Zip Miami, FL 33172		4. State/Country of Formation FL	
Principal Place of Business 1521 N.W. 89TH COURT MIAMI FL 33178		5. Date Organized or Qualified To Do Business in Florida 12/01/1998	
3. New Principal Place of Business Address 1521 NW 89 CT City, State, Zip Miami, FL 33172		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	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 01/15/04--01008--001 **200.00 City FL Zip Code	
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 <i>N. Butcher</i> <b>SIGNATURE REQUIRED</b> 700026985647 REGISTERED AGENT MUST SIGN 01/15/04--01008--001 **200.00			

CR2E034 (7/03)

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

REINSTATEMENT 2003-04

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 *N. Butcher* **SIGNATURE REQUIRED** Date 1/9/04 Daytime Phone (305) 599 2005  
 Typed or printed name of signing Managing Member/Manager Nicole Butcher