


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:26

DOCUMENT # L98000003062 1. Entity Name COMPLETE FREIGHT SERVICES, L.C.	
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Principal Place of Business 8770 NW 99 CT MEDLEY, FL 33178	Mailing Address 8770 NW 99 CT MEDLEY, FL 33178
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2. Principal Place of Business 8770 NW 99 Street Suite, Apt. #, etc.	3. Mailing Address 8770 NW 99 Street Suite, Apt. #, etc.
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01092007 REIN-LLC CR2E101 (11/05)

City & State Medley, FL 33178	City & State Medley, FL 33178		
Zip	Country	Zip	Country

4. FEI Number 65-0877228	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MR. ANTHONY SMITH 7262 NW 25TH STREET MIAMI, FL 33122
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7. 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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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	O <input type="checkbox"/> Delete
NAME	SMITH, ANTHONY
STREET ADDRESS	8770 NW 99 CT
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	8770 NW 99th STREET
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000086821430
CITY-ST-ZIP	01/31/07--01049--001 **200.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT
STREET ADDRESS	06-07
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Anthony Smith* DATE: 1/23/07 DAYTIME PHONE #: 305-887-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE