

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 FEB -5 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006787

1. Limited Liability Company's Name

Gulf Stream Logistics, LLC

2. Principal Office Address

412 N 12th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 135366

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

October, 1999

6. FEI Number

59-3603622

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Haines City, FL

City & State

Clermont, FL

Zip

33844

Country

USA

Zip

34713

Country

USA

8. Name and Address of Current Registered Agent

Name

Kathy E. Wortelman

800003742828-3

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

99 Pine Forrest Lane

02/29/01-01/14/01
****200.00 ****200.00

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

Kathy E Wortelman

REGISTERED AGENT MUST SIGN

Date 2/01/01

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
MGRM MM	Kathy E Wortelman	99 Pine Forrest Lane	Haines City, FL 33844

REINSTATEMENT

00-01
dec

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

Kathy E Wortelman

Date 2/01/01

Daytime Phone #

863-
419-2882

Typed or printed name of signing Managing Member/Manager

Kathy E. Wortelman