

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

APPROVED
AND
FILED

02 JUN -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

TRANSPORTATION MANAGEMENT SERVICES, L.L.C.

REINSTATEMENT

2001-
2002

2. Principal Office Address

7777 LEESBURG PIKE

Suite, Apt. #, etc.

SUITE 2075

3. Mailing Office Address

7777 LEESBURG PIKE

Suite, Apt. #, etc.

SUITE 2075

City & State

FALLS CHURCH VA

City & State

FALLS CHURCH VA

Zip

22043

Country

US

Zip

22043

Country

US

4. State/Country of Formation

MARYLAND

5. Date Organized or Qualified
To Do Business in Florida

5-8-95

6. FEI Number

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.

Date

5/31/02

REGISTERED AGENT MUST SIGN

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
MAN. PART.	FRANK SHERMAN	1338 EXCALIBUR LANE	SANDY SPRING, MD 20860
MAN. PART.	PATRICK PERSONNE	11673 CAPTAIN RHETT LN.	FAIRFAX STATION, VA 22039
			50.00-CF
			150.00-Adm

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

Frank Sherman

Date

5-23-02

Daytime Phone #

703 821 8001

Typed or printed name of signing Managing Member/Manager

FRANK SHERMAN

CR2E041 (9/01)