

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000108699980
08/28/07--01018--002 **250.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000001515 **M02000001515**

1. Limited Liability Company's Name
Omni Transport Systems, Florida, LLC

2. Principal Office Address - No P.O. Box # 16415 Addison Road Suite, Apt. #, etc. Suite 400 City & State Addison, Texas Zip 75001 Country USA		3. Mailing Office Address 16415 Addison Road Suite, Apt. #, etc. Suite 400 City & State Addison, Texas Zip 75001 Country USA	
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4. State/Country of Formation
Nevada

5. Date Organized or Qualified To Do Business in Florida
06.12.02

6. FEI Number
75-2901680 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation State
FL Zip Code
33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

AS

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 _____ Date _____
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
MGR	Steven T. Plochocki	16415 Addison Road, Suite 400	Addison, Texas 75001
MGR	Jeffrey A. Gonyo	16415 Addison Road, Suite 400	Addison, Texas 75001

REINSTATEMENT 05-07

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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information reported 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 **8/15/07** Daytime Phone # **972.776.0130**

Typed or printed name of signing Managing Member/Manager **Steven T. Plochocki**