

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

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

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

REGISTERED AGENT MUST SIGN

Date

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

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

Date 8/15/07 Daytime Phone # 972.776.0130

Typed or printed name of signing Managing Member/Manager

Steven T. Plochocki