

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000001903

1. Corporation Name

LEGACY FREIGHTWAY SYSTEMS, LLC

2. Principal Office Address

8220 SW 35TH TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Office Address

8220 SW 35TH TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

REINSTATEMENT

CR2E081 (12/05) 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

431865585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

REINA HERNANDEZ

Street Address (R.O. Box Number is Not Permitted)

8220 SW 35TH TERR

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33155

400081268294
10/27/06--01009--004 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 7/31/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGRM | REINA HERNANDEZ | 8220 SW 35TH TERR | MIAMI, FL 33155 |
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REINSTATEMENT 02-06

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/2006

Date

305-632-6485

Daytime Phone #