

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 30 PM 12: 12

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Mo5000000412
1. Limited Liability Company's Name
EFS TRANSPORT INTERNATIONAL, LLC

500112982675
12/17/07--01018--014 **100.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
10920 BAYMEADOWS RD.
Suite, Apt. #, etc.
SUITE # 27
City & State
JACKSONVILLE, FL.
Zip 32256 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
FLORIDA - USA.
5. Date Organized or Qualified To Do Business in Florida
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
STEPHEN G. LEW SR.
Street Address (P.O. Box Number is Not Acceptable)
10920 BAYMEADOWS RD.
Suite, Apt. #, Etc.
SUITE # 27
City JACKSONVILLE State FL Zip Code 32256

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.

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 [Signature] Date 12/31/07
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
PRES	STEPHEN G. LEW, SR	8848 HARPER'S GLEN CT	JACKSONVILLE, FL. 32256
V PRES	MARY A. LEW	" "	" "
			600129432746 05/14/08--01009--002 **277.50
			500112982675 03/20/08--01001--012 **38.75

REINSTATEMENT 06.07.08

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 [Signature] Date 12/31/07 Daytime Phone # 866-345-6735
Typed or printed name of signing Managing Member/Manager STEPHEN G. LEW SR.