

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 MAR 16 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M14000007381

1. Limited Liability Company's Name  
Zenith Freight Lines, LLC

2. Principal Office Address - No P.O. Box #

1123 4th Street SW

Suite, Apt. #, etc.

City & State

Conover, NC

Zip

28613

Country

USA

3. Mailing Office Address

PO Box 969

Suite, Apt. #, etc.

City & State

Conover, NC

Zip

28613

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

North Carolina

5. Date Organized or Qualified  
To Do Business in Florida

10/10/2014

6. FEI Number

56-2118337

☐ 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

National Corporate Research, Ltd.

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

115 North Calhoun Street

Apt. #, Etc.

Suite 4

City

Tallahassee

State

FL

Zip Code

32301

800283501578

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Michelle Walker, ASA, Secretary*

Date

3/16/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jack L. Hawn, Jr., President	1123 4th Street SW	Conover, NC 28613

11. E-mail Address: jdreher@zenithcompanies.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Jack L. Hawn, Jr.*

Date

3/16/16

Daytime Phone #

828-465-7036

Typed or printed name of signing authorized representative/member

Jack L. Hawn, Jr.



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Date: 03/16/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: D283962

ENTITY NAME: ZENITH FREIGHT LINES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

Authorized Amount: \$ 377.50

Signature: Michelle Walker