

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 22 PM 4: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116386

1. Corporation Name

L & L AUTO TRANSPORT, CORP.

Handwritten initials

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

5007 LAKEHURST COURT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State
PALMETTO, FL

Suite, Apt. #, etc.

City & State

Zip
34221

Country

Zip

Country

500103042985
05/22/07--01054--009 **458.75

REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida

12/07/2001

5. FEI Number

30-0026249

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
NELSON CAPORICE

Street Address (P.O. Box Number is Not Acceptable)
1506 E DR MARTIN L KING BLVD

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33610

The 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 reinstatement fee be waived.

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

Handwritten signature of Nelson Caporice

REGISTERED AGENT MUST SIGN

Date **5-15-07**

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
P	PAUL HENDRIEX	5007 LAKEHURST COURT	PALMETTO, FL 34221

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:

Handwritten signature of Paul Hendriex

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 15, 2007

Date

Daytime Phone #