B03000000368

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Please retain original filing date of submission 6/19

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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12 JUN 25 PM 6:27
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LP/LLLP REINSTATEMENT
CEVA GROUND US, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	$2,000.00

Electronic Filing Menu Corporate Filing Menu Help

June 20, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CEVA GROUND US, L.P.
15350 VICKERY DRIVE
HOUSTON, TX 77032

SUBJECT: CEVA GROUND US, L.P.
REF: B03000000368

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H12000162785
Letter Number: 312A00017059

RE-SUBMIT
Please retain original filing
date of submission 6/19

P.O BOX 6327 – Tallahassee, Florida 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B03000000368

1. Name of Limited Partnership

CEVA Ground US, L.P.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15350 Vickery Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Houston TX			
Zip	Country	Zip	Country
77032			

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | FL | Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address: matilde.robinson@cevalogistics.com
E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1010 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan DATE 6/19/2012
(REGISTERED AGENT MUST SIGN) Assistant Secretary

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Select Carrier Group, LLC	15350 Vickery Dr.	Houston, TX 77032	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. 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 [signature] DATE June 18, 2012

Typed or Printed Name of General Partner Signing Form: Select Carrier Group LLC Telephone Number: 281-619-3100

FL072 - 01/19/2011 C T System Online