PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 NOV 20 PM 4:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

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 Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston Texas	City & State
Zip: 77032 Country:	Zip: Country:

4. Date Formed or Registered To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 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): $98.75 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 620.1810 or 620.1909, 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 Burg (REGISTERED AGENT MUST SIGN) DATE 11/20/2014

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 Number)	City, State and Zip Code	10a. Registration Document Number
Select Carrier Group LLC	15350 Vickery Dr.	Houston TX 77032	
REINSTATEMENT		NOV 20 2014 R. HUNT	

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 effect 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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form: Kenneth Burch on behalf of GP Telephone Number: 281-618-3100

Florida Department of State

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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CEVA GROUND US, L.P.

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NOV 20 2014
R. HUNT

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