PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 FEB 16 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 325891

1. Corporation Name
Utility Trailer & Brake Service, Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 300 3rd ST, S.W. | |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| Winter Haven, FL. | City & State |
| Zip 33880 Country USA | Zip Country |

CR2E083 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1217728 ☐ 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: Wooos, DANNY C.

Street Address (P.O. Box Number is Not Acceptable): 300 3rd ST, S.W.

Suite, Apt. #, Etc:

City: Winter Haven State: FL Zip Code: 33880

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02/16/12--01027--007 **1050.00

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: Danny C. W. Date: 2/9/12
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| PTD | Johnson, WAYNE K. | 300 3rd St. SW | Winter Haven FL. 33880 |
| VSD | Hoods, DANNY C. | 300 3rd St. SW | Winter Haven FL. 33880 |
| | | | |
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| | | | |

REINSTATEMENT
2010 — 12
S. HAWKES

10. E-mail Address: _____ FEB - 2012
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and all fees owed by the corporation have been paid. I further certify, 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.

EXAMINER

SIGNATURE: Wayne K. Johnson 2-14-12 863-299-7708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #