PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 OCT 20 AM 11:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018454

1. Limited Liability Company's Name
TRAILER USA, LLC

2. Principal Office Address		**3.** Mailing Office Address	
9657 NW S. RIVER DRIVE		9657 NW S. RIVER DRIVE	
Suite, Apt. #, etc. STE. 1		Suite, Apt. #, etc. STE. 1	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/25/2001

6. FEI Number 651146808 — 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 STEWART A. MERKIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE

Suite, Apt. #, Etc. STE. 300

City MIAMI — State FL — Zip Code 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/15/2004
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	GONZALEZ, JUAN CARLOS	9657 NW SOUTH RIVER DRIVE	MIAMI, FL 33166
		600042018836 10/20/04--01051--008 **150.00	
		REINSTATEMENT 2004	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager _____ Date 10/15/2004 Daytime Phone # 305 882 7754

Typed or printed name of signing Managing Member/Manager JUAN CARLOS GONZALEZ, MANAGER

CR2E041 (10/03)