

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 SEP 28 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018454

1. Limited Liability Company's Name

Trailer USA, LLC

300185899833
09/27/10--01061--008 ***818.75
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 444 Brickell Ave.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Ste. 300		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country USA	Zip	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 10-25-2001	
6. FEI Number 651146808	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name STEWART A. MERKIN			
Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE.			
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

REGISTERED AGENT MUST SIGN

Date **9-22-10**

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	JUAN J. BASANEZ	444 BRICKELL AVE., STE. 300	MIAMI, FL 33131

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11. E-mail Address, ellymiami@aol.com

(To be used for future annual report notifications)

12. 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 **9-22-10**

Daytime Phone # **786-237-9993**

Typed or printed name of signing Managing Member/Manager **Juan J. Basanez**

C-L