

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024350

1. Limited Liability Company's Name

US MULTIEXPRESS II LLC

CR2E041 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
05 OCT 11 AM 8:44

2. Principal Office Address

3911 W. Waters AVE

Suite, Apt. #, etc.

5

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Office Address

3911 W. Waters AVE.

Suite, Apt. #, etc.

5

City & State

TAMPA, FL

Zip

33614

Country

U.S.A.

4. State/Country of Formation

FLORIDA - USA.

5. Date Organized or Qualified
To Do Business in Florida

09/18/2002

6. FEI Number

743061612

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

Edwin Arcila

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

6717 Swain AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

300060499529

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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

Edwin Arcila

Date 10/07/05

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	Edwin Arcila	6717 Swain Ave.	TAMPA, FL 33625

REINSTATEMENT 04-05

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

Edwin Arcila

Date 10/07/05

Daytime Phone # (813) 350-0292

Typed or printed name of signing Managing Member/Manager