

FILING CANCELLED  
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN -6 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000053834

1. Limited Liability Company's Name

S.P.I. Trucking LLC

600190139646  
01/06/11--01004--010 \*\*937.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <u>4315 Church Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 324</u> Suite, Apt. #, etc.	
City & State <u>Bowling Green, Fl.</u> Zip Country <u>33834 USA</u>		City & State <u>Bowling Green</u> Zip Country <u>Fl 33834</u>	

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

60-0003683

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 <u>Leticia Palacios</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4315 Church Ave</u>	
Suite, Apt. #, Etc. <u>Bowling Green</u>	
City <u>Fl.</u>	State <u>FL</u>
Zip Code <u>33834</u>	

REINSTATEMENT 2006-10

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

Leticia Palacios

REGISTERED AGENT MUST SIGN

Date 1-6-11

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
<u>Mgrs</u>	<u>Leticia Palacios</u>	<u>4315 Church Ave</u>	<u>Bowling Green Fl 33834</u>

11. E-mail Address: Spi-trucking65@yahoo.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

Leticia Palacios

Date 1-6-11

Daytime Phone #

863-269-6125

Typed or printed name of signing Managing Member/Manager