

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 AUG 31 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000053834

1. Limited Liability Company's Name

S.P.I. Trucking LLC.

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box #

4315 Church AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 324

Suite, Apt. #, etc.

City & State

Bowling Green FL

Zip

33834

Country

USA

City & State

Bowling Green FL

Zip

33834

Country

USA

4. State/Country of Formation

Florida / USA

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

Leticia Palacios

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

4315 Church AVE.

Suite, Apt. #, Etc.

P.O. Box 324

City

Bowling Green

State

FL

Zip Code

33834

400211633794

08/31/11--01026--023 **550.00

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

8-31-11

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

MGRM Leticia Palacios

P.O. Box 324

Bowling Green FL 33834

08/31/11--01026--024 **550.00

REINSTATEMENT-06-2011

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am a 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. 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.

Signature of

Managing Member/Manager

Leticia Palacios

Date

8-31-11

Daytime Phone #

863-269-6125

Typed or printed name of signing Managing Member/Manager

Leticia Palacios

C-L