2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000053834

1. Entity Name
S. P. I. TRUCKING, LLC

Principal Place of Business	Mailing Address
4315 CHURCH AVENUE BOWLING GREEN, FL 33834 US	P.O. BOX 324 BOWLING GREEN, FL 33834

04252013   REIN-LLC   CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	60-0003683

				Applied For
Zip	Country	Zip	Country	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALACIOS, LETICIA 4315 CHURCH AVENUE PO BOX 324 BOWLING GREEN, FL 33834	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 4-25-13

FILE NOW!!! FEE IS $377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME PALACIOS, LETICIA STREET ADDRESS PO BOX 324 CITY- ST- ZIP BOWLING GREEN, FL 33834	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 500247221885 04/25/13--01007--018 **377.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4-25-13   spi-trucking65@yahoo.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   E-MAIL ADDRESS