

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 FEB 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000122271

1. Limited Liability Company's Name

USA Trade Logistics and Cargo, LLC

900117625089
02/08/08--01034--018 **521.25
CR2E041 (12/07)

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

5461 NW 72 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

15823 SW 79 St

Suite, Apt. #, etc.

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

12/26/2005

6. FEI Number

26-1869344

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

Jorge Millan

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

15823 SW 79 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

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	Jorge Millan	15823 SW 79 St	Miami, FL 33193
MGRM	Maria T Ramirez	15823 SW 79 St	Miami, FL 33193

REINSTATEMENT 06-08

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

Date

2/5/08

Daytime Phone #

786-312-5124

Typed or printed name of signing Managing Member/Manager