PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY				FILED 2010 HAR 30 AM FI: 05		
DOCUMENT # LOGOXXX12973 1. Limited Liability Company's Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Universal Trucking Services UC				02/05/1001042004 **282.50		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CŔ2E041 (11/09)		
5680 NW 32 AVE 5686		NW 3DAVE		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida			
City & State			6. FEI Number Applied For			
MIAMI, FI. MIAM Zip Country Zip		Country		753208656 Not Applicable		
33142 USA	33142	2 · US	A·	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
HONNY TEREZ.						
Street Address (P.O. Box Number is Not Acceptable)						
Suite, Apt. #. Etc.				box, you are certifying the prior notices were not received and requesting the \$100		
City State Zip Code FL 33155			reinstatement be waived. 400168115114			
9. I, being appointed the registered about of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent Date Date Date Date Date Date Date Date Date						
REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each						
Titles Name of Managing Members/ Managers			laging Member/Mane		City / State / Zi	P
INGK JHONNY FEREZ.		8470 SW 37 CT		†	MIANI/F1/33155	
			(X			
F. 164 9 3 "	713 E E E	A E	70			
03/31/1001006018 **416.25						4 416.25
(V 3-31-10						
				· (
11. E-mail Address: (DOLADAI) 5 (OA) CDM ·						
(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 filling 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 00 10 Daytime Phone # (305) 636-7111						
Typed or printed name of signing Managing-Member/Manager						