

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 2:11

DOCUMENT #

L21005

1. Corporation Name

UNITED SHIPPING ASSOCIATES
INC

2. Principal Office Address

4166 SW 131ST AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLA

Zip

33330

Country

USA

3. Mailing Office Address

4166 SW 131ST AVE

Suite, Apt. #, etc.

City & State

DAVIE FLA.

Zip

33330

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

65-0152278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT E. TAPIA

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

4166 S.W. 131ST AVE.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/17/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	ROBERT E. TAPIA	4166 S.W. 131 ST AVE	DAVIE, FLA 33330
V.P.	ANN M. TAPIA	4166 S.W. 131 AVE	DAVIE, FLA 33330

10. I certify that I am an officer or director, or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature] - ROBERT E. TAPIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2000
Date

954/524252
Daytime Phone #