1 of 2 pgs

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000003534

1. Limited Liability Company's Name
Swift Leasing Co., LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2200 S. 75th Avenue	2200 S. 75th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Phoenix, AZ	City & State: Phoenix, AZ
Zip: 85043 Country: USA	Zip: 85043 Country: US

4. State/Country of Formation: Delaware / USA

5. Date Organized or Qualified To Do Business In Florida: 08/09/2010

6. FEI Number: 86-0522709 ☐ 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: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1200 South Pine Island Road

Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

800280421928

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Melinda Perri Date: 12-23-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Jerry Moyes	2200 S. 75th Avenue	Phoenix, AZ 85043
Treas.	Virginia Henkels	same	same
Secty	Mick Dragash	same	same
Asst Tre	Brad Stewart	same	same
Asst Sec	Lowell Griffin	same	same
Asst Se	Cary Flanagan	same	same

11. E-mail Address: SBrewer@annualregistration.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Virginia Henkels Date: 12/22/2015 Daytime Phone #: 602.269.9700

Typed or printed name of signing authorized representative/member: Virginia Henkels (Treasurer)

KE 12/28/15

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TALLAHASSEE, FLORIDA

DATE: 12-28-15

NAME: SWIFT LEASING CO, LLC

TYPE OF FILING: REINSTTEMENT

COST: 377.50

RETURN: PLAIN COPY PLEASE

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ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE Abbie Hodge