

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000150140

1. Corporation Name

U.S. FREIGHT DISTRIBUTORS, INC.

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

15893 SW 63rd Terrace

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33193

Country

Miami-Dade

3. Mailing Office Address

15893 SW 63rd Terrace

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33193

Country

Miami-Dade

FILED

09 MAY 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2003

5. FEI Number

51-0490693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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 reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

HUMBERTO MENENDEZ

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

15893 SW 63rd Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date 05/15/2009

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
PVST	HUMBERTO MENENDEZ	15893 SW 63rd Terrace	Miami, FL 33193

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/2009

Date

786-339-3892

Daytime Phone #

M. Williams MAY 18 2009