

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~9~~ P97000037929

1. Corporation Name

USA TRANSPORTATION & STORAGE, INC.

2. Principal Office Address

651 SW 94th Terrace
Suite, Apt. #, etc.

3. Mailing Office Address

2114 N Flamingo Rd
Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33025

Country

Broward

Zip

33028

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/97

5. FEI Number

650765450

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

Joel Aitkens

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

651 SW 94th Terrace

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

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

8/20/04

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	Joel Aitkens	651 SW 94th Terrace	Pembroke Pines FL 33025
VP	JOSEPH H. Aitkens	651 SW 94th Terrace	Pembroke Pines FL 33025

300040781163
09/02/04--01041--019 **300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (01/04)

USA TRANSPORTATION & STORAGE
2114 North Flamingo Road, Suite 216
Pembroke Pines, FL 33028

Department Of State
Division Of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a completed reinstatement application along with a check for \$300.00, for which I am requesting reinstatement of my corporation.

Please be aware that I did not receive the original documents and after contacting your office, I was informed that it was returned to you.

If you have any questions, or if I can be of further assistant, please feel free to contact me. I can be reached by phone at (954) 445-5371

Thank you.

Sincerely,

Joel Aitkens