2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000037929

Title:

Name:

Address:

City-St-Zip:

() Delete

2114 NFLAMINGO RD #216

PEMBROKE PINES, FL 33028

AITKENS, AMY A

FILED Nov 07, 2008 Secretary of State

Entity Name: U.S.A. TRANSPORTATION & STORAGE, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2114 N. FLA 216				2114 N. FLAMINGO RD 216			
PEMBROKE PINES, FL 33028					PEMBROKE PINES, FI	33028	US
Current Mailing Address:					New Mailing Address:		
2114 N FLAMINGO ROAD STE. 216					2114 N. FLAMINGO RI 216)	
	E PINES, FL 🤅	33028			PEMBROKE PINES, FI	33028	US
FEI Number: 6	35-0765450	FEI Num	nber Applied For()	FEI Num	nber Not Applicable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
AITKENS, JOEL L 2114 N. FLAMINGO ROAD PEMBROKE PINES, FL 33028 US					AITKENS, JOEL L 2114 N. FLAMINGO ROAD 216 PEMBROKE PINES, FL 33028 US		
The above r		submits th	nis statement for the pu	urpose of	f changing its registered	office or r	egistered agent, or both,
SIGNATURE: JOEL L AITKENS					11/07/2008		
Electronic Signature of Registered Agent					Date		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address:	P () AITKENS, JOEL 651 SW 94 TER PEMBROKE PIN	RRACE	3025		Title: Name: Address: City-St-Zip:	() Change	() Addition
	VP () AITKENS, CHRI 2114 N. FLAMIN PEMBROKE PIN	IGO RD.,#	216		Title: Name: Address: City-St-Zip:	() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL L AITKENS Ρ 11/07/2008

() Change () Addition