

We apologize for the inconvenience, but for the security of your payment information, and in compliance with national regulations, WE CANNOT ACCEPT THIS FORM VIA EMAIL. Forms emailed to the Division will not be processed, and you will still be responsible for submitting timely payment in a manner accepted by the Division. Thank you for your understanding.

To: Division of Cor	porations & Commerc	cial Code	Date: 07/14/2020	Pages: 4			
Fax #: (801) 530-64	138						
Filing Type: Busine	ess Registration Filing	O UCC	CFS Filing O	ther O			
Regarding Busine	ess Name: Academ	y Trucking, l	nc.				
Is this a resubmissi	ion of a rejected doc	Filing O UCC/CFS Filing O Other O demy Trucking, Inc. document that has already been paid for? Yes No n you authorize the Division of Corporations to charge this credit card. Card Holder Name: Craig Lee Hassapakis Exp. Date: 05/23 Billing Zip Code: 84095 Contact Phone #: (801) 822-1953 mail.com nal \$75.00: Yes No O anderstood that the filing is not to be expedited) n of filing - \$5.00 plus \$1.00 per page: Yes No O anderstood that the filing will not be faxed back to me) Contact Fax #: (801) 253-5308 Redwood Rd, South Jordan, UT 84095. (801) 253-5306.					
By providing credit	card information you	authorize the	Division of Corporations to	charge this credit card.			
Credit Card Type:	Visa	~	Card Holder Name: Craig Lee Hassapakis				
Card Number: 475	8246286148163		Exp. Date: 05/23				
CVV #: 251			Billing Zip Code: 8409	95			
Contact Name: Cra	ig Hassapakis		Contact Phone #: (801) 822-1953				
Contact Email: aca	demytrucking@gmail.c	om		S Filing O Other O Iready been paid for? Yes No vision of Corporations to charge this credit card. Card Holder Name: Craig Lee Hassapakis Exp. Date: 05/23 Billing Zip Code: 84095 Contact Phone #: (801) 822-1953 No Oog is not to be expedited) \$1.00 per page: Yes Oo No Oog will not be faxed back to me) Contact Fax #: (801) 253-5308 Jordan, UT 84095. (801) 253-5306.			
			iling will not be faxed back	to me)			
Comments:				W.			
Faxed at: FedEx C	Office, 10501 S Redv			1) 253-5306.			
Received by:	Fax	5000	20 1980 - 2003fg - 1000	Phone			
-	s Name: Academy	Trucking Inc	1.0				
Contact Name: Cra	ECONOMISSION DE LA CONTRACTOR DE LA CONT	rraoi.ing, irre		1) 922 4052			
			Contact I none #. (00	1) 022-1955			
		mail.com					
Expedite: Yes	man and force			300 5005			
Fax Back: Yes 💿	No O		Contact Fax #: (801)	253-5308			
Comments:							

Faxed at: FedEx Office, 10501 S Redwood Rd, South Jordan, UT 84095. (801) 253-5306.



State of Utah Department of Commerce Division of Corporations & Commercial Code

Application for Reinstatement

Non-Refundable Processing Fee: Corp Profit \$ Limited Liability Company \$70.00 Uniform		Corp N \$22.00			ed Partnership \$70.00 ership \$22.00
Entity Number of Business Entity: 10503724-0142					
Business Entity Name: Academy Trucking, Inc.		-0-2	606 24120A 206	SATUR MONOSON	AV CARSTONIA
*Please enter the business name under which the entity is under a different name, please list that name on the line b		einstated on	the line above	, however, if th	e entity is reinstating
(New Business Er	ntity Nam	e)			
Submit with this application a completed Regist principal information (only needed if principals Letter of Tax Exemption from the Utah Tax Co	have o	changed).	Enclose a Le	tter of Good	Standing or
Registered Agent Name and Address (Required Who/What is the Registered Agent (Individual or Busines Craig Lee Hassapakis, President/Academy Tr	s Entity		rcial Registere	l Agent)?:	
The address must be listed if you have a non-commercial Address of the Registered Agent: 3709 W Lilac Heigh	nts Dr.	cu agent.	What is a commerc		nt?
City: South Jordan	ired, PO	Boxes can be	listed after the	Street Address State UT	Zip: 84095
I hereby remedy all prior defaults and file herewith a cur principals together with the statutory reinstatement fee.	rent Re	gistration In	formation Cha		
I hereby make application for reinstatement and request to issue a Certificate of Reinstatement and, under penaltic knowledge and belief, true and correct.					
I, Craig Lee Hassapakis				_, hereby de	clare and affirm that
I am a(n) Officer/President	(Of	ficer/Director, C	General Partner, or M	Member/Manager) C	of the business entity
listed above, which was involuntarily dissolved on	11-29	i .		, 20 18	, under
provisions of Utah law. Signature (Required):					
Under GRAMA {63G-2-201}, all registration information maintaine may use the business entity physical address rather than the residen	itial or pr	ivate address	of any individual		
Optional Inclusion of Ownership Information: This infor		is not requi	red.		
Is this a female owned business? Yes Is this a minority owned business? Yes) No) No	If yes, ple	ase specify: Na	tive America	ans

Mailing/Faxing Information: www.corporations.utah.gov/contactus.html Division's Website: www.corporations.utah.gov

State of Utah This form cannot be hand written. Department of Commerce Division of Corporations & Commercial Code Corporation Registration Information Change Form

Non-Refundable Processing Fee: \$15.00	Entity File Number:	10503724-0	142
Entity Name: Academy Trucking, Inc.			
For each Yes button that you mark the question	will appear below for y		^
1). Do you want to Change the Business Purpose?		O Yes	● No
1). If Yes, what is the new Business Purpose?			_
2). Do you want to Change the Registered Agent or the Address of the Reg	gistered Agent?	O Yes	● No
3). Do you want to Change the Principal Address of the Business Entity?		• Yes	O No
3). If Yes, what is the new Principal Address? Address: 3709 W Lilac Heights Dr.	ity South Jordan	State UT	Zip 84095
and the state of t	ly Journal Tolium	\sim	
4). Do you want to Add individuals to the Business Entity?		Yes	O No
4). If Yes, who do you want to Add to the Business Entity and what Position Name: Ana Paula Lima Position	on will they hold? Nice-President		-
	ty South Jordan	State UT	Zip 84095
The state of the s	n: President	State O1	Zip 0 1000
	ty South Jordan	State UT	Zip 84095
5). Do you want to Remove individuals from the Business Entity?	ty coddi cordan	O Yes	⊙ No
6). Do you want to Change the Address of the Business Entity's Principal(s)?	• Yes	O No
6). If Yes, who is the Principal(s) whose Address you wish to Change? Name: Craig Hassapakis Positio	e -	Directo	· .
tune. O	on: ity South Jordan	State UT	Zip 84095
TO 1995 TO	Select/Type the		
	28-25 (Martin Control		101111111111111111111111111111111111111
Address: Ci Optional Inclusion of Ownership Information: This information is not rec		State	Zip
Is this a female owned business? Yes No	**************************************		
s this a minority owned business? Yes No If yes,	please specify: Native	Americans	-
Under GRAMA {63-2-201}, all registration information maintained by the Division is on the business entity physical address rather than the residential or private address of an	lassified as public record.	For confidentiality	purposes, you may us
Under penalties of perjury and as an authorized authority, I declare that this statem my knowledge and belief, true, correct and complete.	ent of change(s), has bee		and is, to the best of
Name/Title: Craig Hassapakis/President Signature: Utlander Signature: Name/Faxing Information: www.corporations.utah.gov/contactus.l	ntml Division's W		



Utah State Tax Commission

TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY UT 84134-9000

Website: tax.utah.gov

E046 03/2018

Letter Issue Date July 8, 2020 Letter ID L0394337056

Account Type Customer

Account Number 14618520



Business Name: ACADEMY TRUCKING INC Federal Identification Number: XX-XXX2260 Department of Commerce Number: 105037240142

Letter of Good Standing

The Utah State Tax Commission certifies:

ACADEMY TRUCKING INC

has filed all required returns with the Utah State Tax Commission and has paid all taxes due as of July 8, 2020.

This certificate expires August, 7, 2020.

What to Do

Keep this certificate in your records.

Please Note

· All accounts can be audited at any time.

Contact Information

If you have any questions, please call Deborah Baker at 801-297-7610 or toll free 1-800-662-4335 ext. 7610 or send me a fax at 801-297-7699. You may also write to me at the address at the top of this notice.

Respectfully, Deborah Baker Tax/Motor Vehicle Tech II Taxpayer Services Division