


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000051921

1. Corporation Name
Bravo & Sons Trucking, Inc.
12119 Rotuma St.
Orlando, FL 32837

2. Principal Office Address
12119 Rotuma St.

3. Mailing Office Address
121119 Rotuma St.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip Country
32837 US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 05/18/2001

5. FEI Number 59-3723903

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jose E. Bravo

Street Address (P.O. Box Number is Not Acceptable)
12119 Rotuma St.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32837

000030505230
03/16/04--01026--004 ***300.00

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 _____ Date 03/11/2004

REGISTERED AGENT MUST SIGN

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
PD	BRAVO JOSE, F.	12119 ROTUMA ST.	ORLANDO, FL 32837
V	BRAVO, CARMEN	12119 ROTUMA ST.	ORLANDO, FL 32837

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: Jose E. Bravo, Inc. Date: 2/12/04 Daytime Phone #: 321-228-7486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E081 (01/04)

Barvo & Sons Trucking, Inc.
12119 Rotuma St.
Orlando, FL 32817

March 11, 2004

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Bravo & Sons Trucking, Inc.
P01000051921

To Whom It May Concern:

We recently realized that we had not received our Uniform Business Report from the state for the year 2003 and 2004 and have not paid our \$150.00 filing fee due on May 1st of every year.

Our address has changed since we incorporated and we no longer receive correspondence at P.O. Box 574603, Orlando, FL 32857-4603. We are submitting a reinstatement form correcting our address. We are also submitting payment for \$300.00 for both years fees and kindly ask that the penalties be waived.

We apologize for any inconvenience this may have caused but please accept the attached Uniform Business Report for the year 2003.

Sincerely,

Jose F. Bravo
President

