

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 OCT 25 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115036

1. Corporation Name

PENA TRUCKING & EXC. INC.

2. Principal Office Address

411 GOLDEN GATE BLVD. W.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120

Country

USA

3. Mailing Office Address

411 GOLDEN GATE BLVD. W.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/2001

5. FFL Number

651158240

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

CARMEN PENA

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

411 GOLDEN GATE BLVD. W.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34120

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 10/24/2006

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
D/P	GUILLERMO PENA	411 GOLDEN GATE BLVD. W.	NAPLES, FL 34120
D/V/T	CARMEN PENA	411 GOLDEN GATE BLVD. W.	NAPLES, FL 34120
D/S	GUILLERMO A. PENA	411 GOLDEN GATE BLVD. W.	NAPLES, FL 34120
			400081190634 10/25/06--01049--006 **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 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

10/24/06

Date

239-253-7602

Daytime Phone #

# Peña Trucking & Exc., Inc.

411 Golden Gate Blvd. W.  
Naples, FL 34120-2168  
Tel: (239) 455-8106  
Fax: (239) 455-6404

October 24, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

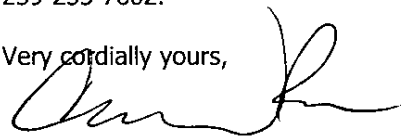
Re: Corporation Reinstatement Document #P01000115036

Dear Sir or Madam:

Attached please find a check in the amount of \$300.00 for corporation reinstatement fees. I have not received the annual report notices for my renewal. I have checked with my post master because of the problems my neighbors and I have been having since the usual postman retired. Please consider my renewal and waiver the reinstatement fee.

Your understanding in this matter is greatly appreciated. Should you have any question please contact me at 239-253-7602.

Very cordially yours,



Carmen Pena  
V. Pres.