


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 28 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000068066**

1. Corporation Name
Lucitalia Trucking, Inc

2. Principal Office Address
11490 SW 82 Terr

3. Mailing Office Address
W06-27336 SAME

Suite, Apt. #, etc. _____

City & State
Miami, Florida

City & State
FLORIDA

Zip Country
33173

REINSTATEMENT **04-06**
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
2003

5. FEI Number
04-3763579

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
Luciana Pastor

Street Address (P.O. Box Number is Not Acceptable)
11490 SW 82 Terr

Suite, Apt. #, Etc. _____

City
Miami

State
FL

Zip Code
33173

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 **X Lucianne Pastor** Date **5/24/06**

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
P	Luciana Pastor	11490 SW 82 Terr	Miami FL 33173

900077159579
07/07/06--01052--0018 **450.00

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: **Lucianne Pastor** Date **5/24/06** Phone **786-3994893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern:

June 6, 2006

Due to the hurricanes I, Lusianna Pastor, was unable to receive the Notice of Intent to Dissolve, therefore; was unable to pay any applicable fees. Please understand my situation that it has come to me as a surprise due to no prior knowledge of this case in hand. I hear by request your forgiveness and ask for you to wave the \$600.00 Reinstatement fee but will pay the other additional fees that apply to me.

**Thank You,
Lusianna Pastor**

**LUCITALIA TRUCKING, INC
11490 SW. 82ND TERR.
MIAMI, FL. 33173-3614**