

\$300

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 28 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000143159

1. Corporation Name

S. GARCIA TRUCKING CORP

REINSTATEMENT 09-10

700167462927
01/28/10--01033--013 **300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 7852 BRISTOL PARK DRIVE
3. Mailing Office Address 7852 BRISTOL PARK DRIVE

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

APOLLO BEACH FL.

City & State

APOLLO BEACH FL.

Zip

33572

Country

HILLSBOROUGH

Zip

33572

Country

HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida 10/18/2004

5. FEI Number 20-1761798

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
JOSE S RAMOS

Street Address (P.O. Box Number is Not Acceptable)
2344 CRESTOVER LN,

Suite, Apt. #, Etc
BLDG. #7

City
WESLEY CHAPEL

State Zip Code
FL 33544

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

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 01/11/2010

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	SIMEON GARCIA	7852 BRISTOL PARK DR	APOLLO BEACH, FL. 33572

JG 1/29

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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: Simeon Garcia PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2010

Date Daytime Phone #