

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4000146518**

1. Corporation Name
SAKA TRUCK LEASING, Inc.

| | | | |
|--|---------------------------|--|---------------------------|
| 2. Principal Office Address 6047 Kimberly blvd | | 3. Mailing Office Address 6047 Kimberly blvd | |
| Suite, Apt. #, etc. Suite D | | Suite, Apt. #, etc. Suite D | |
| City & State N. LAUDERDALE, FL | | City & State N. LAUDERDALE, FL | |
| Zip 33068 | Country BROWARD | Zip 33068 | Country BROWARD |

REINSTATEMENT 05-06

4. Date Incorporated or Qualified To Do Business in Florida **10/25/2004**

5. FEI Number **13/4287949** 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

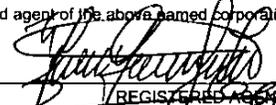
Name **Liz Uzgiden**

Street Address (P.O. Box Number is Not Acceptable)
22088 PALMS WAY ?

Suite, Apt. #, Etc. **Suite D**

City **BOCA RATON, FL** State **FL** Zip Code **33433**

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 **10/09/2006**

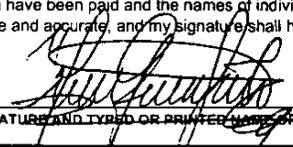
REGISTERED AGENT MUST SIGN

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 |
|---------------------------|-----------------------------------|--|-----------------------------|
| Operations Manager | Ismail Uzgiden | 22088 PALM WAY #101 | BOCA RATON, FL 33433 |
| | | | |
| | | | |
| | | | |

100080786471
10/12/06-01011-000 **\$8.75

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:  Date **10/10/2006** Daytime Phone # **561.3023326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18

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**SAKA TRUCK LEASING, INC
6047 KIMBERLY BLVD. SUITE D
NORTH LAUDERDALE, FL 33068
Phone # 954-917 57 36**

October 9, 2006

From:
LIZ UZGIDEN
6047 Kimberly Blvd Suite D
North Lauderdale, FL 33068
Phone: 954-917 57 36
Fax: 954-917 57 37
Cell: 561-302 33 26

To:
FLORIDA DEPT OF STATE
DIVISION OF CORPORATION

Dear sir/madam:

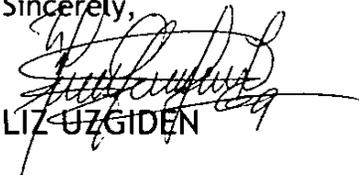
My name is Liz Uzgiden. I took over Saka Truck Leasing, Inc. at 2/16/2005 from my friend Erhan Sakaoglu. I have been receiving my mail at 6047 Kimberly Blvd Suite D, North Lauderdale, FL 33068, since 2/16/2006, except the notification of reinstatements.

Unfortunately my friend failed to tell me about notifications.

I would like to ask you to forgive me for the penalty fee. Attached, I'm sending the reinstatement form and \$300 for two years annual fee.

Thank you in advance for your understanding and cooperation for this matter.

Sincerely,



LIZ UZGIDEN

President