

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 # P04000146518

1. Corporation Name

SAKA TRUCK LEASING, Inc.

2. Principal Office Address

6047 Kimberly blvd

Suite, Apt. #, etc.

Suite D

City & State

N. LAUDERDALE, FL

Zip

33068

Country

BROWARD

3. Mailing Office Address

6047 Kimberly blvd

Suite, Apt. #, etc.

Suite D

City & State

N. LAUDERDALE, FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/09/2006

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

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

10/10/2006 561.3023326

Date

Daytime Phone #

10/18

2/2

**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:

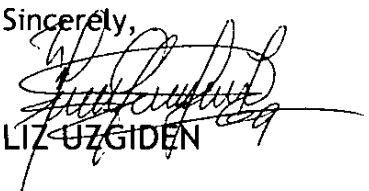
My name is Liz Uzgiden. I took over Saka Truck Leasing, Inc. at 2/16/2005 from my friend Erhan Sakaoglu. I have been receiving my mail at 6047 Kimberly Blvd Suite D, North Lauderdale, FL 33068, since 2/16/2006, except the notification of reinstatements.

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