
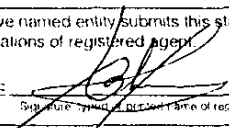
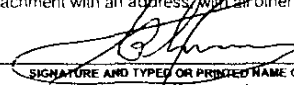


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

# FILED

<b>DOCUMENT # P05000054969</b> 1. Entity Name <b>P&amp;F ALVAREZ TRUCKING CORP</b>			<b>2006 OCT 17 PM 3:45</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>340 NW 150 ST NORTH MIAMI, FL 33168</b>		Mailing Address <b>340 NW 150 ST NORTH MIAMI, FL 33168</b>	
2. Principal Place of Business <b>1405 NE 138ST</b>		3. Mailing Address <b>P.O. Box 611973</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <b>North Miami FL</b>		City & State <b>North Miami</b>	
Zip <b>33161</b>		Zip <b>33261</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>20-2674782</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ALVAREZ, FAUSTINO 340 NW 150 ST NORTH MIAMI, FL 33168</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>ALVAREZ, FAUSTINO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1405 NE 138ST</b> City <b>North Miami, FL</b> Zip Code <b>33161</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature of the principal place of business of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete NAME <b>ALVAREZ, FAUSTINO</b> STREET ADDRESS <b>340 NW 150 ST</b> CITY-ST-ZIP <b>NORTH MIAMI, FL 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME <b>ALVAREZ, FAUSTINO</b> STREET ADDRESS <b>1405 NE 138ST</b> CITY-ST-ZIP <b>North Miami, FL 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>300080931603</b> <b>10/18/06--01004--005 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>300080931603</b> <b>10/18/06--01004--006 **8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>10/12/06</b> 13051891-1328 <small>Daytime Phone #</small>	

10/23aw