


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000127930 1. Entity Name ALVARISTI TRUCKING, INC.			FILED 2007 DEC 20 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 4428 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746		Mailing Address 4428 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746	
2. Principal Place of Business - No P.O. Box # 6983 Bently Dr Suite, Apt. #, etc.		3. Mailing Address 6983 Bently Dr Suite, Apt. #, etc.	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33809		Country POJK	
6. Name and Address of Current Registered Agent ALVAREZ, LUIS FELIPE 4428 PHALADELPHIA CIRCLE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ALVAREZ, LUIS	TITLE P	NAME Alvarez, Luis
STREET ADDRESS 4428 PHILADELPHIA CIRCLE	CITY-ST-ZIP KISSIMMEE, FL 34746	STREET ADDRESS 6983 Bently Dr	CITY-ST-ZIP Lakeland FL 33809
TITLE SD	NAME ARISTIZBAL, ALEXANDRA	TITLE 500113298725	NAME 12/20/07--01009--007 **150.00
STREET ADDRESS 4428 PHILADELPHIA CR	CITY-ST-ZIP KISSIMMEE, FL 34746	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Luis Alvarez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12-11-07 <small>Date</small>	407 709 1932 <small>Daytime Phone #</small>

@. Mitchel DEC 20 2007