

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105760

1. Corporation Name

VAL'S TRUCKING, INC.

Principal Place of Business

10360 S. W. 145TH STREET
MIAMI FL 33176

Mailing Address

10360 S. W. 145TH STREET
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PD, SHARPE, LUTEL C, 10360 S. W. 145TH STREET, MIAMI FL 33176.

8. Name and Address of Current Registered Agent

SHARPE, LUTEL C
10360 S. W. 145TH STREET
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name: LUTEL C. SHARPE
Street Address (P.O. Box Number is Not Acceptable): 10360 SW 145 ST
Suite, Apt. #, Etc.:
City: MIAMI
State: FL Zip Code: 33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature]
REGISTERED AGENT MUST SIGN

Date: 3/31/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No []

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/1997
5. FEI Number: 65-0808740
Applied For: []
Not Applicable: []
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

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-04/12/99--01132--021
***300.00 ***300.00

CR2E040 (9/98)