

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 10:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082872

1. Corporation Name

KEEPON TRUCKING, INC.

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address 2770 NW 108 AVENUE		3. Mailing Office Address 2770 NW 108 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33322	Country USA	Zip 33322	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/10/98	
5. FEI Number 65-0868174	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ROBERT J. ACCARDI	200052321532 12/06/06--01038--012 **300.00
Street Address (P.O. Box Number is Not Acceptable) 2770 NW 108 AVENUE	
Suite, Apt. #, Etc.	
City SUNRISE, FL	State FL
	Zip Code 33322

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

Robert J. Accardi

REGISTERED AGENT MUST SIGN

Date

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
P	ROBERT J. ACCARDI	2770 NW 108 AVENUE	SUNRISE, FL 33322

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:

Robert J. Accardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ARIE A. TAYKAN & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

7880 N. UNIVERSITY DRIVE #201
TAMARAC, FLORIDA 33321
TEL: (954) 722-9250
FAX: (954) 726-6715
email:taykan@aol.com

November 30, 2006

Florida Department of State
2661 Executive Center Circle
Tallahassee, FL 32301

Re: KeepOn Trucking, Inc.
Doc #P98000082872

Dear Sir or Madam:

Enclosed is an application for Corporation Reinstatement for the above-referenced company. Also, enclosed is a check in the amount of \$300.

The company never received the Corporate Annual Report for 2005 or 2006. They did not know that their company had been dissolved.

I respectfully request that you abate any late-filing fees and reinstate this corporation.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Arie A. Taykan, CPA
AAT/jm
Enc.