

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F030000001347

1. Corporation Name

JNA Trucking INC.

2. Principal Office Address - No P.O. Box #

1281 Corrolla Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1281 Corrolla Ave

Suite, Apt. #, etc.

City & State

Springhill F.I.

City & State

Springhill F.L.

Zip

34609

Country

Hernando

Zip

34609

Country

Hernando

7. Name and Address of Current Registered Agent

Name

Joseph M Caridi

Street Address (P.O. Box Number is Not Acceptable)

1281 Corrolla Ave

Suite, Apt. #, Etc.

City

Springhill

State

FL

Zip Code

34609

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

Joseph M Caridi

REGISTERED AGENT MUST SIGN

Date 4-26-10

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
<u>V</u>	<u>Angela Caridi</u>	<u>1281 Corrolla Ave</u>	<u>Springhill F.L. 34609</u>

10. E-mail Address: JNAC214@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Angela R Caridi

FILED

10 APR 29 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900178582019

04/29/10--01007--029 **450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-04

5. FEI Number

14-1850061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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