PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 NOV 14 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F23033

1 Corporation Name
NATIONAL HAULING, INC.

Mailing Address
12060 NW.SO.RIVER DR.
MEDLEY, FLORIDA 33178

Principal Place of Business
12060 NW.SO.RIVER DR.
MEDLEY,FLORIDA 33178

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

REINSTATEMENT 95-96

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3 New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4 Date Incorporated or Qualified To Do Business in Florida 02/17/81

5 FEI Number 59-2071304
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
P	ACOSTA, ALEJANDRO	12060 NW.SO.RIVER DR.	MEDLEY, FLORIDA 33178
S/T	RAFAEL,ELORTEGUI	780 NW.42 AVE.SUITE 501	MIAMI,FLORIDA 33126

300002010333--6
-11/20/96--01112--006
****575.00 ****575.00

11-18-96

8. Name and Address of Current Registered Agent
ELORTEGUI RAFAEL
780 N.W. 42nd AVENUE,SUITE 501
MIAMI,FLORIDA 33126

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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
REGISTERED AGENT MUST SIGN
Date 11-13-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Alejandro Acosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/96
Date

(305) 888-1717
Daytime Phone #