

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 26 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # G28115

1. Corporation Name

D.G.M. TRUCK SERVICES INC.

**REINSTATEMENT** 03-04

2. Principal Office Address

2600 WEST 3rd AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33010

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/07/1983

5. FEI Number

59-2259635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DIOSCORO GUERRA

SD0027628498

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

2600 WEST 3rd AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

*[Signature]* DIOSCORO GUERRA  
REGISTERED AGENT MUST SIGN

Date 01/14/03

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
PST	DIOSCORO GUERRA	2600 WEST 3rd AVENUE	HIALEAH, FL 33010

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 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]* DIOSCORO GUERRA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/14/04 305-888-3923  
Daytime Phone #

CR2E081 (10/02)