## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT;



FLORIDA DEPARTMENT OF STATE Jim Smith

> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

HEAVY METAL TRUCKING, INC.

FILED

03 FEB 21 AM 8: 25

TALLAHASSEE. FLORIDA

200010292049

							01/24/0	03010350	07 **	:550. C	10
Principal Pl	·SS	ess			4 18 8414 8 844	· · · · · · · · · · · · · · · · · ·					
2740 N.W. 29 TERRACE FT. LAUDERDALE FL 33311-2037			2740 N.W. 29 TERRACE FT. LAUDERDALE FL 33311-2037								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								TATEME		_02-	0ን
New Principal Office Address, If Applicable     3. New Ma				ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/31/1986				
Suite, Apt.	#, etc.		Suite, Apt. #,	#, etc.			5. FEI Number		<b>10</b> /1	·	·
City & State	)		_City & State				5. PET NUMBER	59-2687-119	ــ خيب	<del>- احسات</del>	oplied For ot Applicable
Zip Country			ZipCountr			V	6.5 Additional Factor				
The state of the s						,					ate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
DS	WEINSTEIN, EUGENE			3050 N.E. 41ST ST.				FT. LAUDERDALE	FL.		
DP	WEINSTEIN, DANIEL S.			3050 N.E. 41ST ST.				FT. LAUDERDALE FL			
						***	001059 0301040	0692048 1040012 **350.00			
									<del></del>		
				13 2/25							121
8. Name and Address of Current Registered Agen						Nama	9. Name and A	ne and Address of New Registered Agent			
Name Name								<b></b>			
BEINKE, EDWARD A 4875 N. FEDERAL HWY.					Street Address (P.O. Box Number is Not Acceptable)						**************************************
FT:-LAI	FL-33308	Suite, Apt. #, Etc.					ستندي مند	# <del>5 5</del>			
				City	St			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. or 617.0505, F.S.											
Signature of SIGNATURE REQUIRED  Begistered Agent											
Registered a	Agent	Chivaria (C)		Date		<del></del>					
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 filling 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.											