

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 07000120977

1. Corporation Name

Tony's Trucking Enterprises LLC

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

566 Hunter Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 452583

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34743

Country

Oceola

City & State

Kissimmee, Florida

Zip

34745

Country

Oceola

7. Name and Address of Current Registered Agent

Name

Juan A. Rodriguez

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

566 Hunter Cir.

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34758

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

Juan A. Rodriguez

REGISTERED AGENT MUST SIGN

Date

10/18/09

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
MGRM	Juan A. Rodriguez	566 Hunter Cir	Kissimmee, FL 34743
MGRM	Aracely Roman	566 Hunter Cir	Kissimmee, FL 34743

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan A. Rodriguez

Date

10/18/09

Daytime Phone #

407-552-7631

FILED

2009 OCT 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300161979533

10/21/09--01025--001 **158.75
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1517104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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.