

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -5 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L31304

1. Corporation Name
FIRST UNION TRUCKING, INC.

Principal Place of Business Mailing Address
4611 S. UNIVERSITY DR. STE: 107
DAVIE, FL 33328

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-20-89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0162978	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/VP/S T/D	RAUL URTECHO	4989 S.W. 94 Terr.	Cooper City, FL 33328
			300002683849-1 -11/10/98-01010-004 ****315.00 ****315.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RAUL URTECHO 4989 SW 94 Terr. Cooper City, FL 33328		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: *R. Urtecho* REGISTERED AGENT MUST SIGN Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *R. Urtecho*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: First Union TRucking, Inc.
4611 S. University Dr. Ste 107
Davie, Fl 33328
DOC. L31304

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TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$315.00 TO COVER THE
THE 1997-98 ANNUAL REPORT. I NEVER RECIEVED THE ANNUAL REPORT
DO TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. PLEASE
ACCEPT THIS PAYMENT TO COVER THE PROPER FEES FOR THE AN-
NUAL REPORT. IF YOU SHOUL D HAVE ANY QUESTIONS PLEASE DON'T
HESITATE TO CALL AT THE ABOVE MENTIONED ADDRESS. THANK YOU
IN ADVANCE FOR YOUR PROMPT RESPONSE IN THIS MATTER.

TRULY YOURS.

Raul Urtecho