PI FASE BEA	DALL INSTRUCTION	S BEFORE C	COMPLET	ING THIS FORM.	
FOR REINSTATEMENT	FLORIDA DEPARTMI Sandra B. Mo Secretary of DIVISION OF CORP	ENT OF STATE ortham State			
DOCUMENT # L31304				98 NOV -5 PM 12: 44	
1. Corporation Name FIRST UNION	NC.	<u> </u>	SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business	Mailing Address				
4611 S. UNIVER DAVIE, FL :	•	E.: 107			
If above addresses are incorrect in any way, line through Incorrect information and enter correction but 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			6 Catalana	- Ourlife d	
		11 Applicable		orated or Qualified ness in Florida 11 - 20 - 89	
Suite, Apt. #, etc.			5. FEI Number	Applied For	
City & State	City & State		6. 6.	Not Applicable  S8.75 Additional Fee required	
Zip Country	Zip Cour	ntry	CERTIFICATE	OF STATUS DESIRED for a Certificate of Status	
7. Names and Street Addresses of Each Officer a Title(s) Name of Officers and/or Directors	5	prations must list at lea Street Address of Each Officer and/or Director Use Post Office Box N		City / State / Zip	
P/VP/S RAUL URTECH		s.w. 94		Cooper City, FI 33328	
			90	000026838491. -11/10/9801010004	
				****315.00 ****315.00 .	
9. Nome and Address of Court	The Provint and Secret		Q Nome and A	ddress of New Registered Agent	
RAUL URTECHO		Name	3. Name and A		
4989 SW 94 Terr.		Street Address (P.O. Box Number is Not Acceptable)			
Cooper City, FL 33328		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
		City State Zip Code			
10. I, being appointed the registered agent of the a Signature of Registered Agent	bove named corporation, am familiar	with and accept the ob		on 607.0505, F.S.	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes				(See other side for information on intangible tax.)	
this reinstatement application, the reason for di-	ssolution has been eliminated, the corp e names of individuals listed on this fo	oorate name satisfies t orm do not qualify for a	he requirements of an exemption und	oler 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	

Daylime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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

98 NOV -S PH 12: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM: First Union TRucking, Inc. 4611 S. University Dr. Ste 107 Davie, F1 33328 DOC. L31304

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$315.00 TO COVER THE THE 1997-98 ANNUAL REPORT. INEVER RECIEVED THE ANNUAL REPORT DO TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. PLEASE ACCEPT THIS PAYMENT TO COVER THE PROPER FEES FOR THE ANNUAL 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

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