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
97 DEC -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04174

1. Corporation Name
ROADRUNNER TRUCKING, INC.

Principal Place of Business	Mailing Address
2801 N.W. 74TH AVE. MIAMI, FL 33122	P.O. BOX 520301 MIAMI, FLORIDA 33152

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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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/1984

5. FEI Number: 59-2440282 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
PRES	CHRISTIE M. FERNANDEZ	7058 NW 169 St	Hialeah FL. 33015

000002367346--4
-12/09/97--01093--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMY MARTINEZ
6998 NW 25 STREET
MIAMI, FLORIDA 33122

9. Name and Address of New Registered Agent

Name: CHRISTIE M. FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 7058 NW 169 St
Suite, Apt. #, Etc.:
City: Hialeah FLA.
State: FL Zip Code: 33015

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: Christie Fernandez
REGISTERED AGENT MUST SIGN
Date: 11-20-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Christie Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTIE M. FERNANDEZ PRS/SEC
Date
Daytime Phone #

CR2E040 (12/96)