

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

①

APPLICATION
FOR
REINSTATEMENT



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

1997 OCT 30 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92445**

1. Corporation Name
CITY TRUCKING, INC.

Principal Place of Business
**2359 SW 34TH ST.
FT. LAUDERDALE FL 33312**

Mailing Address
**2359 SW 34TH ST.
FT. LAUDERDALE FL 33312**



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 08/03/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0071282	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		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
DP	TABASKY, JASON	2359 SW 34TH ST.	FT. LAUDERDALE FL

200002349742--1
-11/17/97--01159--010
****165.00 ****165.00

10/20/97

8. Name and Address of Current Registered Agent

**TABASKY, JASON
2359 SW 34TH ST.
FT. LAUDERDALE FL 33312**

9. Name and Address of New Registered Agent

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

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: *Jason Tabasky, President* **JASON TABASKY** 10/24/97 (954) 583-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (8/97)

Broward's Most Unique Paint & Body Shop

AUTO TRUCK MARINE



2359 SW 34th St.

Ft Lauderdale FL

33312

954-583-8801

FAX 583-8802

OCTOBER 24, 1997

STACY
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: DOCUMENT NUMBER M92445

DEAR STACY,

PER OUR TELEPHONE CONVERSATION TODAY, ENCLOSED IS A CHECK FOR \$165.00. AS I EXPLAINED TO YOU TODAY, BACK IN APRIL I SPOKE TO SOMEONE IN THE REINSTATEMENT SECTION REGARDING THE STATUS OF OUR CORPORATION. THEY EXPLAINED THAT WHEN WE SENT OUR FEES IN 1/97, THE 1997 WAS ALSO PAID IN FULL. AT THAT TIME I REQUESTED DOCUMENTATION VERIFYING THIS INFORMATION. SO I RECEIVED A FAX. I AM SENDING YOU A COPY OF THIS FAX. ANYWAY, I AM SORRY YOU ARE RECEIVING THE APPLICATION SO LATE, BUT THANK YOU FOR UNDERSTANDING MY SITUATION.

SINCERELY,

A handwritten signature in cursive script that reads 'Ellen Tabasky'. The signature is written in dark ink and is positioned above the printed name and title.

ELLEN TABASKY

OFFICE MANAGER