


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION APR 11 2001 REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000008391**

1. Corporation Name

MAJESTIC TRUCKING, INC.

Principal Place of Business

Mailing Address

**4061 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411**

**4061 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411**

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

01/26/2000

5. FEI Number

65-0976333

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	GEORGE, JOHN P	4061 ROYAL PALM BEACH BOULEVARD	ROYAL PALM BEACH FL 33411

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/01

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01

CR2E040 (8/01)

Majestic Trucking, Inc.
4061 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411
Phone 561-790-2068
Fax 561-790-5464

October 12, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

To Whom It May Concern:

We are sending this letter to let you know that we never received the letter from May informing us that our corporation would be dissolved. We are returning to you the application completed and request that it be reinstated as soon as possible since the Division of Corporation received our fees and our application was filed on time. The Corporations name is Majestic Trucking, Inc., FEI # 65-0976333.

Thank you, for your cooperation and if we may be of any further assistant don't hesitate in contacting us.

Sincerely your,

Jose L. Penton
Controller