

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300007630263--4
-09/10/02--01037--014
****750.00 ****750.00



01-02 DM

DOCUMENT # P00000017787

1. Corporation Name

BEMA TRUCKING & MATERIAL, INC.

Principal Place of Business

Mailing Address

11300 NW 87TH COURT
SUITE 142
HIALEAH GARDENS FL 33016

11300 NW 87TH COURT
SUITE 142
HIALEAH GARDENS FL 33016

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

8735 NW 151 TER

8735 NW 151 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

MIAMI, FL

City & State

City & State

Zip

Country

33018 DADE

Zip

Country

33018 DADE

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

☒ 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	4 City / State / Zip
DP	MARQUEZ, BRAYNERT	11300 NW 87TH COURT	HIALEAH GARDENS FL 33016

300007630263--4
-09/10/02--01037--015
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LORIE, JESUS

11300 NW 87TH COURT

SUITE 142

HIALEAH GARDENS FL 33016

Name

BRAYNERT MARQUEZ

Street Address (P.O. Box Number is Not Acceptable)

8735 NW 151 TER

Suite, Apt. #, Etc.

MIAMI, FL

City

MIAMI

State

FL

Zip Code

33018

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

BRAYNERT MARQUEZ

REGISTERED AGENT MUST SIGN

Date

6-13-02

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:

BRAYNERT MARQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-02

Date

(305) 624-1335

Daytime Phone #

CR2E040 (8/01)