PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -FOB REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUI	MEN	T #
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P00000035321

1. Corporation Name

JOSEPH CIRIGLIANO TRUCKING, INC.

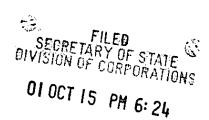
Principal Place of Business

Mailing Address

13066 HAZELCREST STREET SPRING HILL FL 34609

13066 HAZELCREST STREET

SPRING HILL FL 34609



If above a	addresses are incor	rect in any way. line t	hrouah incorrect ir	nformation a	and enter correction below	REINST	ATEMER	MU		and grant and a
		3. New Maili	New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 04/06/2000 5. FEI Number 59-363957/ Not Applicable					
		Suite, Apt. #,								
		City & State								
Zip	Co	untry	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED		Additional Fee re a Certificate of Si	
7. Names	and Street Address	es of Each Officer an	d/or Director (Flo	rida nonpro	fit corporations must list at	least 3 directors)				
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
P CIRIGLIANO, JOSEPH F SR			13066 HAZELCREST STREET			SPRING HILL FL 34609				
						10	000465 -10/29/01 ****750	0197	2 1 ∈ 78 019 ***750.00	3
							-			
8. Name and Address of Current Registered Agent			Nome	9. Name and Address of New Registered Agent						
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 33761		Suite, Apt. #, Etc.			CR2E040 (8/0					
					City			State 2	Zip Code	
10. I, being	appointed the regis	stered agent of the ab	ove named como	ration, am f	amiliar with and accept the	obligations of Sec	tion 607 0505 F.S			

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 reinstal ement 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

SIGNATURE:

Signature of Registered Agen

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.