

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

12 JUN 28 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000039973

1. Corporation Name

David Rodriguez Trucking, Inc.

2. Principal Office Address - No P.O. Box #

1218 County Rd 830-A

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 625

Suite, Apt. #, etc

City & State

Felda Florida

City & State

Felda, Florida

Zip

33930

Country

U.S.A

Zip

33930

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

David Rodriguez

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

1218 CR 830-A

Suite, Apt. #, Etc

City

Felda

State

FL

Zip Code

33930

**REINSTATEMENT**

CR2E081 (11/10)

09-12

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1011094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100236929801

06/28/12--01004--018 \*\*1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*David Rodriguez*

REGISTERED AGENT MUST SIGN

Date 06/28/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	David Rodriguez	1218 County Rd 830A	Felda FL 33930

10. E-mail Address: dhrtrucking@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*David Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/28/12 239-503-1731

Date

Daytime Phone #

JUN 28 2012