

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000068231

1. Entity Name
COR-J TRUCKING, INC.



Principal Place of Business
925 SUNNYGROVE AVE.
NAPLES, FL 34114

Mailing Address
925 SUNNYGROVE AVE.
NAPLES, FL 34114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05132005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3658257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDEZ, JUAN JR.
925 SUNNYGROVE AVE.
NAPLES, FL 34114

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-24-05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDVT ☐ Delete
NAME VALDEZ, JUAN JR.
STREET ADDRESS 925 SUNNYGROVE AVE.
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Addition
NAME 400055476344
STREET ADDRESS 06/23/05--01045--001 ***300.00
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME VALDEZ, CORINA
STREET ADDRESS 925 SUNNYGROVE AVE.
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Corina Valdez

5-24-05 239 7759087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cor-J Trucking
925 Sunnygrove Ave.
Naples, FL 34114

Fax Transmittal
Office (941)775-4414
Fax # (941)775-0955

Date: May 26, 2005

To: Division of Corporation

Attention: Tyron Scott

From: CORINA VALDEZ

Comments: Reinstate Corporation.

Division of Corporation.
request

I would like to have my Reinstate fees
waived because I didn't receive prior notice
of my Annual Report Notice in 2004. Thank
you. I would appreciate it.

Thank you

6-16-05
P.S. Tyrone.

I'm just sending it

because my father-in-law

passed away so we had to leave for Sweden.

Cell #
239 250-0525