

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 PM 1:23

DOCUMENT # P00000072080

1. Corporation Name

TRUSTEE TRUCKING ENTERPRISE, INC.

REINSTATEMENT

05-06

2. Principal Office Address

15790 N.W. 41st. AVE

3. Mailing Office Address

P.O. BOX 823211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL.

City & State

SOUTH FLORIDA, FL.

Zip  
33054

Country  
DADE

Zip  
33082-3211

Country  
BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

2000

CR2E081 (12/05)

5. FEI Number

65-1034132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
JOHN EDWARD WATSON

Street Address (P.O. Box Number is Not Acceptable)  
15790 N.W. 41st. AVE.

Suite, Apt. #, Etc.

City  
MIAMI GARDENS,

State  
FL

Zip Code  
33054

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

*John E. Watson*  
REGISTERED AGENT MUST SIGN

Date 10/23/06

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
P	JOHN E. WATSON	15790 N.W. 41st. AV.	MIAMI GARDENS, FL. 33054
V	BARBARA M. WATSON	15790 N.W. 41st. AV.	MIAMI GARDENS, FL. 33054

10. 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 contained in Chapter 119, 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: *John E. Watson*

JOHN EDWARD WATSON

10/23/06

(305) 621-6631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #