(((H03000097060 5)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 31 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091754

REINSTATEMENT 01-93

1. Corporation Name
LANTIGUA TRUCKING CORPORATION

2. Principal Office Address	3. Mailing Office Address
3236 WEST 77TH PL	3236 WEST 77TH PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HIALEAH FL	HIALEAH FL
Zip 33018 Country USA	Zip 33018 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09-28-2000

5. FEI Number: 65-0560138 ☐ 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: OMAR A. LANTIGUA

Street Address (P.O. Box Number is Not Acceptable): 3236 WEST 77TH PL

Suite, Apt. #, Etc.:

City: HIALEAH State: FL Zip Code: 33018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X _____ Date: 3-21-03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PD	OMAR A. LANTIGUA	3236 WEST 77TH PL	HIALEAH FL

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 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: X _____ OMAR A. LANTIGUA 3/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : M.A.V. CORPORATE SERVICES
Account Number : I20000000007
Phone : (954)989-4530
Fax Number : (954)966-5273

CORPORATION REINSTATEMENT

LANTIGUA TRUCKING CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75