

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 10 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600005822666--7  
-06/18/02--01081--010  
\*\*\*\*500.00 \*\*\*\*500.00

600005822666--7  
-06/18/02--01081--011  
\*\*\*\*200.00 \*\*\*\*200.00

REINSTATEMENT 01-02

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Florida State Trucking Inc.

2. Principal Office Address

1685 W 32 PL

Suite, Apt. #, etc.

City & State

Hialeah

Zip 33012  
FI

Country  
FI

3. Mailing Office Address

1685 W 32 PL

Suite, Apt. #, etc.

City & State

Hialeah

Zip

33012

Country

Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1045042

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

Maria B. Cano Escobar

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

7734 W 29 LN. # 202

Suite, Apt. #, Etc.

Suite # 202

City

Hialeah

State

FL

Zip Code

33016

500.00 - Adm

200.00 - Adm

60.00 - Adm

61.25 - AR

88.75 - ARSUFF

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

Berthall  
REGISTERED AGENT MUST SIGN

Date

6/4/02

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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
S	Carlos Serra	7734 W 29 LN #202	Hialeah, FL 33016
T	Jairo Garcia	9621 FOUNTAINEBLEA Blvd.	Miami, FL 33172
VP	Grecio Garrido	4617 NW 97 Ct.	Miami, FL 33178
GM	Gonzalo Borjas	9621 FOUNTAINEBLEA Blvd.	Miami, FL 33172
P	Maria B. Cano Escobar	7734 W 29 LN #202	Hialeah, FL 33016

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:

Berthall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/02 (305) 828-4850

Daytime Phone #

CR2E081 (9/01)