

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

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**

**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

**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

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, FI 33016
T	Jairo Garcia	9621 Fountaineblea Blvd.	Miami, FI 33172
VP	Grecio Garrido	4617 NW 97 St.	Miami, FI 33178
GM	Gonzalo Borjas	9621 Fountaineblea Blvd.	Miami, FI 33172
P	Maria B. Cano Escobar	7734 W 29 LN #202	Hialeah, FI 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/02 (305) 828-4850

Daytime Phone #

CR2E081 (9/01)