PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
Oct 28, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P00000093248

1. Corporation Name

Florida State Trucking INC.

REINSTATEMENT 03

2. Principal Office Address 8399 NW 66 st	**3.** Mailing Office Address 8399 NW 66 st
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1
City & State MIAMI FL	City & State MIAMI, FL

4. Date Incorporated or Qualified To Do Business in Florida

Zip 33166	Country USA	Zip 33166	Country USA

5. FEI Number 651045042	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: OSCAR A FARIA

Street Address (P.O. Box Number is Not Acceptable)
11303 NW 53 Lane

300024395003
11/04/03--01010--023 **750.0

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33178

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 _____

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	OSCAR FARIA	8399 NW 66 st	MIA. FL. 33166

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: _____   10/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #