

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110866

1. Corporation Name
LAZARO TRUCKING, INC.

Principal Place of Business
1047 SW 13TH COURT
MIAMI FL 33135

Mailing Address
1047 SW 13TH COURT
MIAMI FL 33135



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		11/30/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		65-1062082		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CHANG, LAZARO	1047 SW 13TH COURT	MIAMI FL 33135

400008638094
10/28/02--01133--003 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
CHANG, LAZARO 1047 SW 13TH COURT MIAMI FL 33135		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	

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

Signature of Registered Agent *LAZARO* **SIGNATURE REQUIRED** Date 10/23/02
REGISTERED AGENT MUST SIGN

11. 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: *LAZARO* **SIGNATURE REQUIRED** CHANG Date 10/23/02 Daytime Phone # (786) 4021620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

10/23/2002

To Whom It May Concern:

The purpose of this letter is to inform you that are corporation didn't receive the two
Prior Uniform Business Report (UBR).
Thank you,

Sincerely

A handwritten signature in black ink, appearing to read "Lazaro Chang". The signature is stylized and includes a large, looped flourish at the end.

Lazaro Chang
President