

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -6 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P000000113922

1. Corporation Name

GUATAIBON TRUCKING CORP.

2. Principal Office Address

7867 NW 166 TERRACE

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33016

Country

MIAMI-DADE

3. Mailing Office Address

7867 NW 166 TERRACE

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

Zip

33016

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-00

5. FEI Number

65-1064793

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

LUIS REYES

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

7867 NW 166 TERRACE

Suite, Apt. #, Etc.

City

HALEAH

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

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	LUIS REYES	7867 NW 166 TERRACE	HALEAH, FL 33016
S	NAYIVE REYES	7867 NW 166 TERRACE	HALEAH, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS REYES

Date

6/4/02 (305) 970-8728

Daytime Phone #

CR2E081 (9/01)

June 3, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Guajaibon Trucking Corp.
7867 N.W. 166th Terrace
Hialeah, FL 33016

Dear Sir or Madam:

Enclosed please find check in the amount of \$300.00 to reinstate Guajaibon Trucking Corp. The annual reports mailed by your office were never received as the mailing address reflected on your records is incorrect. We provided you with the correct mailing address when the Company was incorporated as reflected in Articles of Incorporation (see attached).

Please update your records by changing the mailing address as indicated above.

Sincerely,



Luis Reyes
Officer