

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000004098**

1. Corporation Name

E+JENKINS TRUCKING, INC.

2. Principal Office Address

3030 NW 169 TERR

3. Mailing Office Address

3030 NW 169 TERRACE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

OPA LOCKA FL.

City & State

OPA LOCKA, FL

Zip

33056-4320

Country

MIAMI DADE

Zip

33056-4320

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01-11-2001

5. FEI Number

65-1065068

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

EDKER T. JENKINS

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

3030 NW 169 TERRACE

Suite, Apt. #, Etc.

N/A

City

OPA LOCKA

State

FL

Zip Code

33056-4320

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

Edker Jenkins
REGISTERED AGENT MUST SIGN

Date

11 3 05

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	EDKER T JENKINS	3030 NW 169 TERR	OPA LOCKA, FL. 33056-4320
V	BETTY L. WOODRE	3030 NW 169 TERR	OPA LOCKA, FL. 33056-4320
S	BETTY L. WOODRE	3030 NW 169 TERR	OPA LOCKA, FL. 33056-4320

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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:

Edker Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11 3 05

Daytime Phone #

11/3/2005

Reference:Corporation Reinstatement
E & JENKINS TRUCKING, INC.
3030 N.W. 169Terrace
Opa- Locka , Fl. 33056-4320

To: Department of State Division of Corporations

I, Edker Jenkins President of E&JenkinsTrucking , Inc. am requesting reinstatement of my business. I'm asking that the reinstatement (fee) is waived because I never received any information concerning an annual renewal. I'm enclosing a check for \$600.00 asper conversion with one of your representative's Mr. Scout. I am also changeing present Registered Agent to myself you will find enclosed a check for \$35.00 for the amendment. My wife is no longer the Vice President as she deceased on January 8,2004. I have enclosed a copy of her death certificate. My daughter Betty Moore is now Vice President and remains Secretary. Thank you in advance for your consideration.

Thank You

Edker Jenkins
Edker Jenkins

E&J
President