

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 DEC 30 PM 3:17

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007593

1. Corporation Name

AWILLA TRUCKING, INC.

Principal Place of Business

Mailing Address

11351 SOUTHWEST 20TH STREET
MIRAMAR FL 33025

11351 SOUTHWEST 20TH STREET
MIRAMAR FL 33025



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

2. New Principal Office Address, If Applicable
1395 N.W. 167th Street

3. New Mailing Office Address, If Applicable
2033 S.W. 117th Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/2001

Suite, Apt. #, etc.

Suite-110(A)

Suite, Apt. #, etc.

City & State

Miami, Florida 33169

City & State

Miramar, Florida 33025

Zip Country

33169 Dade

Zip Country

33025 Broward

5. FEI Number

65-1068661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LOVETT, MICHAEL N	11351 SOUTHWEST 20TH STREET 2033 S.W. 117th Avenue	MIRAMAR FL 33025
V	LOVETT, BRENDETTE E	11351 SOUTHWEST 20TH STREET 2033 S.W. 117th Avenue	MIRAMAR FL 33025
S	COX, ROBIN L. LOVETT, ROBIN L.	11351 SOUTHWEST 20TH STREET 2033 S.W. 117th Avenue	MIRAMAR FL 33025

200009745822
12/30/02--01093--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SMITH, JIM SMITH~~
~~343 ALMERIA AVENUE~~
~~DORAL FL 33124~~

Name

Michael N. Lovett

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

2033 S.W. 117th Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33025

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

Michael N. Lovett
REGISTERED AGENT MUST SIGN

Date

12/27/02

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:

Michael N. Lovett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/02 305-525-9702

CR2E040 (8/02)

AWILLA TRUCKING, INC.

"Where there's A-Willa, there's a way!"

December 27, 2002

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

In Re: Reinstatement of AWilla Trucking, Inc.

Dear Sir/Madam:

As per my conversation with your very kind assistant Michele today, Enclosed please find our completed Application for reinstatement and the required \$150.00 dollars filing fee. Please note as corrected in my application that we moved our offices and our mailing has been totally unpredictable. We have not received a lot of correspondence and have missed a lot of commitments. I humbly apologize and respectfully request that any penalties against us be removed. Thank-you for your help, consideration, and cooperation.

Respectfully submitted,

A handwritten signature in cursive script, reading "Michael N. Lovett". The signature is written in dark ink and is positioned above the printed name and title.

Michael N. Lovett
President-AWilla Trucking, Inc.