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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  OS JAN 28 AM 11: 45  SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PO10000 10384		TALLAHASSE
VAVTrucking , Drc. 9050 D.W. 145 Lane		
2. Principal Office Address 9050 NW 145 Lange Suite, Apt. #, etc.	3. Mailing Office Address Somular Suite, Apt. #, etc.	REINSTATEMENT 03-05  4. Date Incorporated or Qualified
City & State Mumi Lakes	City & State	To Do Business in Florida  5. FEI Number    Applied For   Not Applicable
33018 Dade	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name  VICT VEIZ  02/04/0501013015 **450 00  Street Address (P.Q.Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Miam: Laks  State Zip Code FL 33018		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0903, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Street Address of Each Officer and/or Directors  Officer and/or Directors  City / State / Zip		
Officers and/or Directors		
UTO Plinabel Dig	2 Veliz 9050 2.W. 145 L	an H14miluh TC. 33017
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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:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

## V A V TRUCKING, INC 9050 N.W. 145 LANE MIAMI LAKES, FLORIDA 3018 305/805-7020

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

January 25, 2004

To whom it may concern:

Please be advised that it has come to our attention that our corporation had not been renewed.

We moved and never received any notification of renewal. I have herewith enclosed the "Reinstatement" form. I was advised by the department to request waiving of all penalties due to the fact that no notices were received.

Best regards,

Elizabeth Diaz Veliz

**Vice - President**