

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO1000072419</u>					
1. Corporation Name <u>Boynes Trucking, Inc.</u>					
2. Principal Office Address <u>860 NW 213 Terr.</u> Suite, Apt. #, etc. <u>304</u> City & State <u>Miami FL</u> Zip <u>33169</u> Country <u>US</u>			3. Mailing Office Address <u>860 NW 213 Terr.</u> Suite, Apt. #, etc. <u>304</u> City & State <u>Miami FL</u> Zip <u>33169</u> Country <u>US</u>		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAY 23 PM 12:01

100020569261
06/06/03--01066--016 ***300.00

4. Date incorporated or Qualified To Do Business in Florida	<u>2</u> / <u>01</u> / <u>01</u>
5. FEI Number	<u>65-1077547</u>
6. CERTIFICATE OF STATUS DESIRED	☐ SR ☒ CS

7. Name and Address of Current Registered Agent	
Name <u>Noel Boynes Jr</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>860 NW 213 Terr</u>	
Suite, Apt. #, Etc. <u>304</u>	
City <u>Miami</u>	Zip Code <u>33169</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.			
Signature of Registered Agent <u>[Signature]</u>		Date <u>5/16/03</u>	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>Noel Boynes Jr</u>	<u>860 NW 213 Terr 304</u>	<u>Miami, FL 33169</u>
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 607.0431 or 617.0431, - 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)(b) - 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: <u>[Signature]</u>		Date <u>5/16/03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



Boynes Trucking Inc.
860 NW 213 Terrace #304
Miami, FL 33169

May 16, 2003

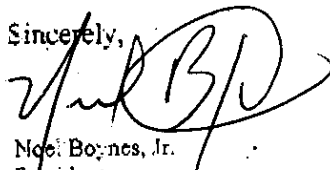
Division of Corporation

TO WHOM IT MAY CONCERN

I, Noel Boynes Jr., President of Boynes Trucking, Inc. did not receive the 2002 UBR Form. I am therefore enclosing for reinstatement an application and also check number 1256 in the amount of three hundred dollars (\$300.00) to cover the years 2002 and 2003.

If any further information is needed, please contact me at 305-653-8758. I appreciate your attention to this matter.

Sincerely,



Noel Boynes, Jr.
President