

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000020599 1. Entity Name SUNSET TRUCK AND VAN, INC.						FILED 06 FEB 24 PM 3: 38 MIAMI, FLORIDA	
Principal Place of Business 12955 SW 84 AVE RD MIAMI, FL 33156				Mailing Address 12955 SW 84 AVE RD MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address				 02022006 REIN-P CR2E098 (11/06) 05-06	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 65-1078050				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MASE, CURTIS J 1001 BRICKELL BAY DR, STE 1200 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Curtis J. Mase</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-2-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete THOMPSON, GEHISA STREET ADDRESS 12955 SW 84 AVE RD CITY-ST-ZIP MIAMI, FL 33156			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200066891432 03/01/06--01012--016 **300.00		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete THOMPSON, GLEN STREET ADDRESS 12955 SW 84 AVE RD CITY-ST-ZIP MIAMI, FL 33156			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete <u>03/2/27</u>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Glen Thompson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>305-233-5004</u> <small>Daytime Phone #</small>			