

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

**REINSTATEMENT** 04



12162004 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number **65-1080/30** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

MILLO, BRAULIO G  
3101 BUCKLEY AVE.  
LAKE WORTH, FL 33461-3708

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

*Signature* (Typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MILLO, BRAULIO G**  
STREET ADDRESS **3101 BUCKLEY AVE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **VP** ☐ Delete  
NAME **MILLO, MARTHA**  
STREET ADDRESS **3101 BUCKLEY AVE**  
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Martha I Millo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARTHA MILLO** 12-28-04 642-8164  
Date Daytime Phone #

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CORPORATE RECORDS.

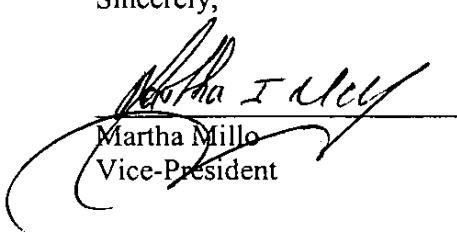
December 29<sup>th</sup>, 2004

TO WHOM IT MAY CONCERN:

I MARTHA MILLO vice president of BRAMAR TRUCKING CORP, through  
this letter I want to declare that we paid the renew for this PO1000020707 EIN  
65-1080730.

Since we had hurricanes this year we have boxes with papers that we can not find  
And some were destroyed by the water, we are very sorry and we sending again the  
\$150.00 fee.

Sincerely,

  
Martha Millo  
Vice-President