

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -9 PM 3:28

DOCUMENT # P01000026588

1. Corporation Name

JASPER TRUCKING LINE, INC

2. Principal Office Address

14431 NW 13TH COURT

3. Mailing Office Address

14431 NW 13TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33167

Zip

FL

Country

33167

REINSTATEMENT 02-05

300056520913

06/24/05--01059--007 **658.75

05/21/02 91208 002 \$150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 12TH 2001

5. FEI Number

59-3731914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEANETTE HENDLEY

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

14331 NW 13TH COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

300056520913

11/09/05--01038--009 **399.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeanette Hendley

REGISTERED AGENT MUST SIGN

Date 04/01/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	JEANETTE HENDLEY	14331 NW 13TH COURT	MIAMI FL 33167

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)(l), 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:

Jeanette Hendley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/05

Date

786-295-1034

Daytime Phone #

CR2E001 (01/05)