

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 25 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029700

1. Corporation Name

TROPICAL TRUCK SERVICE INC.

2. Principal Office Address - No P.O. Box #
620 Twiggs St East

3. Mailing Office Address
20120 NW 66 Pl

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Miami FL

Zip
33602

Country
USA

Zip
33015

Country
USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida **03/22/2001**

5. FEI Number **65-1090952**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carlos Paz

Street Address (P.O. Box Number is Not Acceptable)
20120 NW 66 PL

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33015

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **10/22/07**

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Carlos Paz | 20120 NW 66 PL | MIAMI FL 33015 |
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500111491975
10/30/07--01025--017 **300.00

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 contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/22/07**

(305) 773-5267
Daytime Phone #

2282

Miami, Florida
October 2007

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: P01000029700
Tropical Truck Service Inc.
20120 NW 66 Pl
Miami FL 33015

To Whom It May Concern:

This letter intends to inform you that our Annual Report was not filed due to the fact that we never received such notice or notices to file. Attached to the Corporation Reinstatement Form the payment of \$300.00 dollars as per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,


Carlos Paz
PRESIDENT