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
10 JAN 14 AM 11:48

DOCUMENT # P01000051113

1. Corporation Name

S & M PLATINUM TRUCKING INC

100166207411
01/14/10--01044--016 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11295 W ATLANTIC BLVD	11295 W ATLANTIC BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT 306	APT 306
City & State	City & State
CORAL SPRINGS FL	CORAL SPRINGS FL
Zip / Country	Zip / Country
33071 / USA	33071 / USA

4. Date Incorporated or Qualified To Do Business in Florida 05/22/2001

5. FEI Number 65-1106591 ☐ 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
STEVE LUTAS

Street Address (P.O. Box Number is Not Acceptable)
11295 W ATLANTIC BLVD

Suite, Apt. #, Etc
APT 306

City: CORAL SPRINGS | State: FL | Zip Code: 33071

☑ 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 _____ Date 01/13/2010

REGISTERED AGENT MUST SIGN

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
P	STEVE LUTAS	11295 W ATLANTIC BLVD APT 306	CORAL SPRINGS FL 33071

REINSTATEMENT 08-10

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ STEVE LUTAS PRESIDENT 01/13/2010 754-423-6672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #