

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -4 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000060600

1. Corporation Name

ABEL PEREZ TRUCKING CORP

2. Principal Office Address

1624 SE 8 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

SAME

Zip

33990

Country

LEE

Zip

SAME

Country

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-111769

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

COGOL PRODUCTIONS INC.

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

3007 SE 8TH PLACE 200048400862

Suite, Apt. #, Etc.

03/15/05--01012--020 **500.00

City

CAPE CORAL

State

FL

Zip Code

33904

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/01/05

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
PS.	ABEL PEREZ	1624 SE 8 TERRACE	CAPE CORAL FL 33990
SC.	ISELA CAILLOL	1624 SE 8 TERRACE	CAPE CORAL FL 33990

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)(i), 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:

ABEL PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/01/2005 239-229 3360

Daytime Phone #

CFR2081 (01/05)

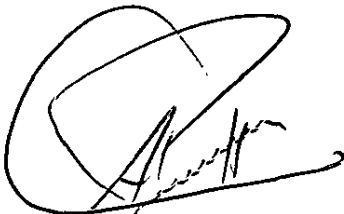
Tuesday, March 01, 2005

- To Whom It May Concern:

My name is ABEL PEREZ and I'm the president of Abel Perez Trucking
Doc # P01000060600.

I appreciate if you considered to void part of the charge to reinstatement my corporation,
due to change of address never receive the 2002 renewal papers.

Sincerely

A handwritten signature in black ink, appearing to read 'Abel Perez', is written over a horizontal dashed line.

Abel Perez