

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062533

1. Corporation Name

CARIJAM TRUCKING ENTERPRISES INC.

Principal Place of Business

9560 S.W. 11TH STREET  
PEMBROKE PINES FL 33025

Mailing Address

9560 S.W. 11TH STREET  
PEMBROKE PINES FL 33025



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/22/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1115791

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	RAMCHARAN, PATRICK	9560 S.W. 11TH STREET	PEMBROKE PINES FL 33025

900000041499  
11/06/02--01146--013 \*\*150.00

8. Name and Address of Current Registered Agent

RAMCHARAN, PATRICK  
9560 S.W. 11TH STREET  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)

October 29, 2002.

To: Division of Corporation  
Reinstatement  
Re: Carijam Rucking Enterprises, Inc.  
DOC.No. P1000062533

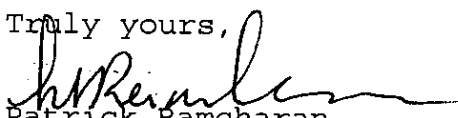
To whom it may concern:

This is to inform your department that we have not previously received any kind of notification in order to make any payment. Therefore we are kindly asking you to abate any extra charge.

We are enclosing the ck in the amount of \$ 150.00 for the annual preport of 2002.

We really appreciate your attention on this matter.

If you need any further information, please contact us at the tel no. 954-444-2075.

Truly yours,  
  
Patrick Ramcharan  
President