

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000068782

1. Corporation Name

J & J COMMERCIAL CARRIERS, CORP.

Principal Place of Business

7001 WEST 35 AVE. #265  
HIALEAH FL 33018

Mailing Address

7001 WEST 35 AVE. #265  
HIALEAH FL 33018

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

2. New Principal Office Address, If Applicable

19655 NW 52 PL  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

19655 NW 52 PL  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip 33055 Country USA

Zip 33055 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2001

5. FEI Number

61-2520391

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ESTRADA, JANIO B.	7001 WEST 35 AVE. #265	HIALEAH FL 33018
VPD	RODRIGUEZ, JESUS	13060 SW 263 TERRACE	HOMESTEAD FL 33032
P/D	Xiomara Rodriguez	19655 NW 52 PL	Miami, FL 33055

8. Name and Address of Current Registered Agent

~~ESTRADA, JANIO B.~~  
~~7001 WEST 35 AVE. #265~~  
~~HIALEAH FL 33018~~

9. Name and Address of New Registered Agent

Name Xiomara Rodriguez  
Street Address (P.O. Box Number is Not Acceptable)  
19655 NW 52 PL  
Suite, Apt. #, etc.  
City Miami State FL Zip Code 33055

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

REGISTERED AGENT MUST SIGN

Date 10/28/02

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

10/28/02

Date

Daytime Phone #

02 OCT 29 AM 11:11  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700008813787  
11/05/02--01082--024 \*\*600.00

CR2E040 (9/02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002  
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I  
HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I  
INCORPORATED.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS  
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



XIOMARA RODRIGUEZ  
PRESIDENT