

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094009

1. Corporation Name

BOWENFER TRUCKING, INC.

Principal Place of Business

7231 SOUTHWEST 7TH STREET
MIAMI FL 33144

Mailing Address

7231 SOUTHWEST 7TH STREET
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2001

5. FEI Number

65-1142015

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | HIDALGO, BONIFACIO | 7231 SOUTHWEST 7TH STREET | MIAMI FL 33144 |
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200009023022
11/15/02--01055--012 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Bonifacio Hidalgo

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

7231 SW 7th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

CR2E040 (8/02)

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

11/5/02

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

Date

11/05/02 (305)
552-7969

Daytime Phone #

November 5, 2002

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER THE CONVERSATION I HAD WITH YOUR OFFICE I WOULD LIKE TO NOTIFY THAT I NEVER RECEIVED THE UNIFORM BUSINESS REPORT. SO I HAVE INCLUDED A FILLED OUT CORPORATION REINSTATEMENT FORM AND A PAYMENT FOR \$150.00.

HOPEFULLY THIS WILL UPDATED AND RESOLVED AS SOON AS POSSIBLE, IF YOU NEED FURTHER ASSISTANCE PLEASE FEEL FREE TO NOTIFY ME AT 305-552-7969.

THANKS,



BONIFACIO HIDALGO
BOWENFER TRUCKING, INC.