(((H08000270289 3)))

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING ZHIS EPRING PH 3: 49

	RPORAT STATEM			Se	DEPART ecretary ION OF CO	of St			SECRETARY TALLAHASSEE	OF STATE E. FLORIDA
1. Corpore	ation Name		0100010747 CK DIESE				a	-		
2. Principal Office Address - No P.O. Box # 3091 NW 129 ST Suite, Apt. #, etc.				3. Mailing Office Address 12712 NW 102 CT Suite, Apt. #, etc.					CR2E081 (10/08	3)
								4. Date Incorporated or Qualified To Do Business in Florids 11/07/2001		
OPAL(PALOCKA, FL			City & State HIALEAH, FL				5. FEI Numbe 6511511		Applied For Not Applicable
^{Zip} 33054		Country	,	_{Zip} 33018		Count	У	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
		7. Nat	ne and Address o	Current Registe	ered Agent			Ì		
	P. SALO		ris Nat Acceptable					circum	instatement fee is imp stances which the entit	ly did not receive
	NW 129		To real Properties	,	·	_		are ce receive	or notices. By checkli ortifying the prior no ed and requesting the	tices were not
City OPAL(OCKA, F	FL				State FL	Zip Code 33054	fee be	waived. #30	10,00
8. I, being Signature o Registered	,	e register	- (7.	ve named corpora	adi	<u> </u>	ith and accept the e	obligations of secti	on 607.0505 or 617.0503, F.S. Date 12/9/2008	
9. Names	s and Street A	.ddresses	of Each Officer an	Vor Director (Flori	ida nonprofi	i corpor	rations must list at l	east 3 directors)		
Titles	No d				Street Address of Eac Officer and/or Director			h x	City / State	e / Zlp
DP	JUAN	P. SA	LGADO		3091 N	IW 1	29 ST		OPALOCKA, FL	33054
								NICT	TEME	VT
							KEI	NOIL	XI LIVILLA	Ć.
									07-0	8
									a	XX
this rei owed t	instatement apply the corporal application is	pptication, ation have true and	the reason for diss been paid and the accurate, and my a	ofution has been a names of individual ignature shall have	elimineted, t als listed on the same	the comp this for legal ef	corate name satisfier m do not qualify for feet as if made und	s the requirements an exemption con		305-362-4897
	5	HATURE	AND TYPED OR PR	INTED NAME OF 80	IGNING OFFI	CER OR	DIRECTOR		Date Dayt	ime Phone #

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC. Account Number : I20070000146

Account Number : I20070000146 Phone : (305)406-3800 Fax Number : (305)406-3999

CORPORATION REINSTATEMENT

POWER TRUCK DIESEL, INC.

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