

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 -7 AM 11:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113072**
 1. Corporation Name
PRO TRUCKING, INC.

Principal Place of Business Mailing Address
 2721 N. PINE ISLAND ROAD #109 2721 N. PINE ISLAND ROAD #109
 SUNRISE FL 33322 SUNRISE FL 33322



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/26/2001	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	SOLANO, CLAUDIA	2721 N. PINE ISLAND ROAD #109	SUNRISE FL 33322

000008879270
 11/07/02--01089--018 **150.00

10/1/02

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SOLANO, CLAUDIA 2721 N. PINE ISLAND ROAD #109 SUNRISE FL 33322		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 Oct 28/02
 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** _____ Date Oct 28/02 954-4106999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

PRO TRUCKING, INC.

2721 N. Pine Island Road #109

Sunrise, Florida 33322

E mail: protruckinginc@yahoo.com

Telephone: (954)410-6959 Fax:(954)748-0958

October 28th, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

The following is to request you wave the reinstatement fee, do to the fact that I never received the UBR notice indicating that it was time to renew my dues, nor wasn't informed of the amount.

I established my company in November of 2001, yet business really only began in May of 2002, therefore it lead to misunderstandings on my behalf as of when I was to renew.

Enclosed is the form you request as well as my check for \$150.00.

Thank You,



CLAUDIA SOLANO
President/Owner