

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 PH 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000115338**

1. Corporation Name

DIRIEFI TRUCKING, INC.

2. Principal Office Address

2097 Holiday lane

Suite, Apt. #, etc.

3. Mailing Office Address

2097 Holiday lane

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Dec - 2001

5. FEI Number

65-1157211

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emilio S. Gonzalez

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

2097 Holiday lane

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date **12-30-02**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Emilio S. Gonzalez	2097 Holiday lane	NAPLES - FL - 34104

10. 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:

Emilio S. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-02

Daytime Phone #

(239) 293-6397

793-8867

CR2E081 (9/01)

Diriefi Trucking, Inc.

December - 30 - 2002.

Florida Department of State
Division of Corporations.

Po. Box 6327

Tallahassee - FL - 32314.

Due To my change of address, I have
never received a Notice of Renewal of
my Corporation.

My Former address was 2023 Holiday lane
Naples - FL - 34104.

My Current address is Now 2097 Holiday
lane Naples, FL - 34104.

Please Make a Note of it.

Sincerely,



Emilio S. Gonzalez
President.