

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 15 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/25/06--01002--016 \*\*608.75

CR2E081 (12/05)

03-06

<b>DOCUMENT #</b> P01000116260			
<b>1. Corporation Name</b> AHL TRUCKING INC 5645 STATE Rd 80 West AIVA, FI 33920 <del>WDB 20161</del>			
<b>2. Principal Office Address</b> 5645 STATE Rd 80 W.		<b>3. Mailing Office Address</b> 5645 ST. Rd 80 W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AIVA, FI		City & State AIVA, FI	
Zip 33920	Country USA	Zip 33920	Country USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2001	
<b>5. FEI Number</b> 65-1138957	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name WILLIE CAPO		
Street Address (P.O. Box Number is Not Acceptable) 5645 ST. Rd 80 W.		
Suite, Apt. #, Etc.		
City AIVA	State FL	Zip Code 33920

**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 Willie Capo Date 4-25-06  
REGISTERED AGENT MUST SIGN

**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/D	SANDRA Lee Capo	5645 ST. Rd. 80 W	AIVA, FI 33920

**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 contained in Chapter 119, 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: Sandra Lee Capo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-25-06 (239) 849-1820  
Daytime Phone #

Correct Address  
Ahl Trucking Inc.  
Gandia Lee Capo  
5645 State Rd 80W  
Alva FL 33920

To Whom it may concern

On the third of April 2006, as president of Ahl Trucking Inc. loan papers were signed. On the seventh of April 2006 the bank informed me that our Business account was inactive. They gave me a phone number to call for further information about my account. Finally on the 19th of April 2006 a real person helped me.

The Company had not received any information that a yearly fee was owed by the Company. I try very hard to keep everything in order.

Your agent informed me that your bills & letters were returned to the State. He told me that FL Department of State would waive the ~~penalties~~ Penalties and other fees will be dropped because of the error in address. He told me the amount would be 450.00, which I am enclosing.

If there is anything else I need to do to correct our problem, please let me know. Thank you for your help.

President of Ahl Trucking Inc.  
Gandia Lee Capo