

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000121431

1. Corporation Name

INTER-STATE FREIGHT SERVICES ENTERPRISES INC.

Principal Place of Business

2425 NE 135 STREET #508
NORTH MIAMI FL 33181

Mailing Address

2425 NE 135 STREET #508
NORTH MIAMI FL 33181

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

2002 UBR

FILED

02 OCT 28 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700008617197
10/28/02--01063--025 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

5. FEI Number

80-0003500

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

MCKENNA, DENNIS JR

2425 NE 135 STREET #508

NORTH MIAMI FL 33181

8. Name and Address of Current Registered Agent

MCKENNA, DENNIS JR
2425 NE 135 STREET #508
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Dennis McKenna
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Dennis McKenna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (305)9455672

To Whom it MAY CONCERN, My name is 20f2

Dennis McKenna JR. (owner/Director) of Interstate Freight SVC.

This paperwork I just recieved is the first time that I recieved this type of notice from your office

I had not had any other type of paperwork sent

to me prior to this one, So if you can please wave

the Reinstatement Fee, I promise this will never

happen again, I have included my \$150.00 check

with the Application, Thank you And have a Wonderful Day!

IF Any Questions please call me at (305) 945 5672

Dennis McKenna Jr.

Dennis McKenna JR.

10/23/02