

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR -4 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-06
REINSTATEMENT
4/4/06
CR2E081 (8/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000011631

1. Corporation Name

B.N. TRUCKING INC.

2. Principal Office Address

6921 N.W. 6TH CT.

Suite, Apt. #, etc.

3. Mailing Office Address

6921 N.W. 6TH CT.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/02

5. FEI Number

03-0387995

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

BHAJANLAL NARINE

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

6921 N.W. 6TH CT.

Suite, Apt. #, Etc.

City

MARGATE

State
FL

Zip Code

33063

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

Bhajanlal Narine
REGISTERED AGENT MUST SIGN

Date *1/20/06*

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	BHAJANLAL NARINE	6921 N.W. 6TH CT.	MARGATE/ FL/33063

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:

Bhajanlal Narine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/06 (718) 262-9006
Daytime Phone #