

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

112

06 MAY 10 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO200002325D

1. Corporation Name

**J&D Trucking and Delivery Inc.**

2. Principal Office Address

**415 NW 19th Ct**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip  
**33060**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2002**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate

**REINSTATEMENT**

03-06

**7. Name and Address of Current Registered Agent**

Name

**Stevilin U. Johnson**

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

**415 NW 19th Ct.**

**200075268982**  
**05/25/06--01018--020 \*\*\$00.00**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State  
**FL**

Zip Code

**33060**

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

*Stevilin U. Johnson*

Date **5-8-06**

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
President	Stevilin U. Johnson	415 NW 19th Ct	Pompano Bch, FL 33060
V. President	Andre Derico	2731 NW 11th St	Ft. Lauderdale, FL 33311
Sec	Jenae Johnson	415 NW 19th Ct	Pompano Bch, FL 33060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jenae Johnson* **JENAE JOHNSON** **5-8-06** **(954) 439-1097**

5112  
aw

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**J&D Trucking and Delivery Inc.**  
**415 NW 19<sup>th</sup> Ct.**  
**Pompano Beach, FL 33060**

**President**  
**Stevilin Johnson**  
**(754) 366-4350**

**Secretary**  
**Jenae Johnson**  
**(954) 439-1097**

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To Whom It May Concern:

J&D Trucking and Delivery Inc. did not receive the 2003 Annual Report Notice we had an address change. Would you please waive the penalty?

Thank you,  
Jenae Johnson