


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000025126		
1. Entity Name TRUCKLANDIA AUTO BROKERS, INC.		

Principal Place of Business 4601 SW 74TH AVENUE MIAMI, FL 33155	Mailing Address 4601 SW 74TH AVENUE MIAMI, FL 33155
---	---

2. Principal Place of Business, No P.O. Box # <b>SAME AS #3</b>	3. Mailing Address <b>1523 W FLAGLER ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>MIAMI - FL 33135</b>
Zip	Country

6. Name and Address of Current Registered Agent <b>AREVALO, AVIMAEAL</b> <b>4601 SW 74TH AVENUE</b> <b>MIAMI, FL 33155</b>	
---	--


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE _____	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREVALO, AVIMAEAL 300 SW 69TH AVE MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, IVAN OMAR 4601 SW 74TH AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULYSSES M HERNANDEZ 1523 W Flagler St Miami, FL 33135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u><i>Graci Hdez</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date <u>11/22/08</u> Daytime Phone # _____	

FILED  
08 DEC -1 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
**REINSTATEMENT 08**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

500138326595  
12/01/08--01044--006 \*\*150.00

cc 12/2