

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027631

1. Corporation Name

ENCISO TRUCKING, INC.

FILED

03 NOV 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200024763882
11/17/03--01099--011 **750.00

2. Principal Office Address

2549 SW 26TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

Zip

33914

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2002

5. FEI Number

04-3626772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

ENCISO, EDGARDO

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

2549 SW 26TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33914

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

REGISTERED AGENT MUST SIGN

Date 11/10/03

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
PD	ENCISO, EDGARDO	2549 SW 26TH AVE,	CAPE CORAL FL 33914
VD	GOMEZ, PATRICIA	2549 SW 26TH AVE,	CAPE CORAL FL 33914

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

239-229-2747

Daytime Phone #