


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000038154			
1. Corporation Name O.P. TRUCKING, CORP.			
2. Principal Office Address 18101 NW 49 AVE Suite, Apt. #, etc.		3. Mailing Office Address 18101 NW 49 AVE Suite, Apt. #, etc.	
City & State OPA LOCKA FL		City & State OPA LOCKA FL	
Zip 33055	Country DADE	Zip 33055	Country U.S.A.

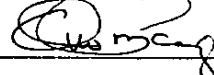
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 03-0428102	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name PEREZ, QUITO IT		
Street Address (P.O. Box Number is Not Acceptable) 18101 NW 49 AVE		
Suite, Apt. #, Etc.		
City OPA LOCKA	State FL	Zip Code 33055

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 	Date 1-14-2005
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
D	PEREZ, QUITO IT	18101 NW 49 AVE	OPA LOCKA FL 33055

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 1-14-05 786-287-7766
	Date Daytime Phone #

CR2E081 (01/05)

2 of 2

January 14th 2005

To: Florida Department of State
Division of Corporation

From: OP Trucking, Corp.
18101 NW 49th Ave
Miami, FL 33055

To Whom It May Concern:

This is to inform we have had to download the application from your web site in order to send in the Uniform Business report for 2004 we have had major problems with our mail and have had to get the postmaster involved in order to resolve this matter.

We have tried to get a number where to contact your office directly but the prompt tell you to speak to a person press 4 and it takes me back to the main menu. To report the situation as per your recorded message we are sending the \$150.00 dollars for the year 2004 and the \$150.00 dollars for the year 2005 with the Corporation Reinstatement Form because when we became aware of the situation I checked on line and it was Administrative dissolved and we need to reinstate it immediately.

If there are any questioned you need to ask me, please feel free to contact me at my main email Ohp911@hotmail.com.

Thank you



Otto H. Perez