

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 21 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000042805

1. Corporation Name

E & C Trucking Corporation

2. Principal Office Address

1970 E Osceola PKWY #239

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34743

Country

US

3. Mailing Office Address

1970 E. Osceola PKWY

Suite, Apt. #, etc.

239

City & State

Kissimmee FL

Zip

34743

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4/9/02

5. FEI Number

03-0437538

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

Dina Caza

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

1970 E. Osceola PKWY

Suite, Apt. #, Etc.

239

City

Kissimmee

State

FL

Zip Code

34743

500038143455

06/21/04--01097--004 **150.00

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

X Dina Caza

Date

6/9/04

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
P	Dina Caza	1970 E. Osceola PKWY # 239	Kissimmee, FL 34743
VP	Eleazar Lozada	1970 E. Osceola PKWY, # 239	Kissimmee, FL 34743

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:

X Dina Caza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/9/04

Daytime Phone #

CR2E081 (01/04)

E & C TRUCKING CORPORATION
P02000042805

JUNE 9, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE PENALTY AND REINSTATE MY CORPORATION BECAUSE I NEVER
RECEIVED THE DEPARTMENT OF STATE OF DISSOLUTION NOTICE
I AM ENCLOSING A CHECK FOR \$150.00

THANK YOU FOR YOUR ATTENTION,

X *Dina Caza*

DINA CAZA - PRESIDENT