

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 19 AM 8:00

DOCUMENT # P02000042807

1. Corporation Name

N.H.A. TRUCKING CORP.

2. Principal Office Address

1065 ADEIPHI LANE

Suite, Apt. #, etc.

City & State

ORLANDO FL.

Zip

32824

Country

ORANGE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 9 - 2002

5. FEI Number

03-0439094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~N.H.A. TRUCKING CORP.~~ — NARCISA HIDALGO

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

1065 ADEIPHI LANE

Suite, Apt. #, Etc.

400033052614

04/19/04--01019--010 **300.00

City

ORLANDO

State

FL

Zip Code

32824

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

Narcisa Hidalgo

REGISTERED AGENT MUST SIGN

Date 04-12-04

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	NARCISA HIDALGO	1065 ADEIPHI LANE	ORLANDO FL 32824
Secretary	LUIS NARVAEZ	1065 ADEIPHI LANE	ORLANDO FL 32824

400033052614
04/19/04--01019--011 **8.75

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:

Narcisa Hidalgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-04

Date

321-9481578

Daytime Phone #

292

04/12/04

Document# P02000042807
2003 UBR

To Whom it May Concern,

I was said by one of your representatives to send this letter with the Corporation Reinstatement application. I want to clear that I never received a letter from your board. I changed my address at the post office a very long time ago and I never received anything. I hope you understand that it was not my error for not paying but I was not identified by your board. I am not responsible for the amount you are charging me of \$900. I was said to send \$300 w/ this letter. Another thing that I wanted to tell you is that I would like for my ID# 03-0439094 to be registered because it hasn't been. Any information I need please send it to my new address because I do not want to go through this inconvenience again. Thank you for your time and I hope you understand.

Sincerely,
Narciso P. Hidalgo

Note: I would like to receive a letter
Saying if my account is up to date.
It is very important for my files.

I hope with this information my account
will reactivate.

(321) 948-1578

Cell Phone