

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 21 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9000 N. 1986 SBR  
11/21/06--01037--016 \*\*150.00



REINSTATEMENT 06

DOCUMENT # P02000046069					
1. Entity Name A. SANTOS TRUCKING INC.					
Principal Place of Business 12512 TILLINGHAM CT. ORLANDO, FL 32837			Mailing Address 12512 TILLINGHAM CT. ORLANDO, FL 32837		
2. Principal Place of Business <b>2674 STRATHAM CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2674 STRATHAM CT.</b> Suite, Apt. #, etc.			
City & State <b>KISSIMMEE, FL 34741</b>		City & State <b>KISSIMMEE, FL</b>		4. FEI Number <b>01-0685222</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34741</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANTOS, ARTHUR E 12512 TILLINGHAM CT. ORLANDO, FL 32837</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPST SANTANA DE ALMEIDA, JOSIANE <input type="checkbox"/> Delete <del>12542 TILLINGHAM CT.</del> ORLANDO, FL 32837		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP SANTOS, ARTHUR E <input type="checkbox"/> Delete <del>12512 TILLINGHAM CT.</del> ORLANDO, FL 32837		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE <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:				Date: <b>11/13/06</b> Daytime Phone #: <b>(407) 383-9544</b>	