

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053689

1. Corporation Name

SUNSET TRUCKING CORPORATION

6683 SW 133RD COURT
6689 SW 133RD COURT

2. Principal Office Address

6683 SW 133RD COURT

Suite, Apt. #, etc.

3. Mailing Office Address

6683 SW 133RD COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33183

Country

Zip

33183

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05-14-2002

5. FEI Number

03-0443556

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

LIBERTY BUSINESS SERVICES, INC.

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

8202 NW 103RD STREET

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33016

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 01-06-2005

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,D	TRINCADO, WILLIAM	6683 SW 133RD PLACE	MIAMI, FL 33183
VP,D	PRIETO, JUAN C.	5942 SW 147TH PLACE	MIAMI, FL 33193

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:

William Trincado WILLIAM TRINCADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2005

Date

Daytime Phone #

CR2E081 (01/04)