

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000054184**

1. Corporation Name

REINA TRUCKING CORPORATION

Principal Place of Business

Mailing Address

1723 WARRINGTON WAY
TAMPA FL 33619

1723 WARRINGTON WAY
TAMPA FL 33619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	REINA, JAVIER	1723 WARRINGTON WAY	TAMPA FL 33619
S	REINA, ROBERTO	1723 WARRINGTON WAY	TAMPA FL 33619

100024164681
10/27/03--01049--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRUZ, OCTAVIO
1723 WARRINGTON WAY
TAMPA FL 33619

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Tampa

FL

33619

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Javier Reina
REGISTERED AGENT MUST SIGN

Date

10-23-2003

11. 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:

Javier Reina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-2003

Daytime Phone #

CR2E040 (7/03)

Octavio Cruz
5015 W. Waters Ave. Ste F
Tampa, FL 33634

October 23, 2003

Florida Department of State
Division of Corporations

Dear Sir/Madam,

We have contacted your office concerning the Dissolution of our Corporation. In July 15, 2003, we mailed you a letter explaining that we have not received the forms for the annual report along with check in the amount of \$150.00. And as of this date the check has not clear our account. We request that the reinstatement fee be waived . thank you for your cooperation on this matter.

Thank you for your cooperation.
