

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

04 MAR -3 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065537**

1. Corporation Name

HOMESTEAD TRUCKING CORP.

Principal Place of Business

Mailing Address

29401 SW 147 AVENUE
HOMESTEAD FL 33033

29401 SW 147 AVENUE
HOMESTEAD FL 33033

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0618574

Applied For

Not Applicable

City & State

City & State

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
PVST	CERVANTES, JOSE L	29401 SW 147 AVENUE	HOMESTEAD FL 33033
D	CERVANTES, JOSE L	29401 SW 147 AVENUE	HOMESTEAD FL 33033

800029812418
03/03/04--01046--015 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CERVANTES, JOSE L
29401 SW 147 AVENUE
HOMESTEAD FL 33033

Name

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

Suite, Apt. #, Etc.

800029812418
03/03/04--01046--015 **300.00

City

State

FL

Zip Code

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

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/25/04

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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/04

Daytime Phone #

CR2E040 (7/03)

Miami, Florida
February 25, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P02000065537
HOMESTEAD TRUCKING CORP.
29401 SW 147 AVENUE
HOMESTEAD, FL 33033

To Whom It May Concern:

Upon our conversation I am enclosing the Corporation Reinstatement Form due to the fact that I never received the 1st notice of the UBR.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status. Enclose there is a check for \$300.00 dollars that applies to 2003 and 2004 fees per your request.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

JOSE L CERVANTES
PRESIDENT

