

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000076233

1. Corporation Name

JLR SEAFOOD HANDLING DBA JLR TRUCKING INC

2. Principal Office Address
9414 N.W 114 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address
9414 N.W 114 TERRACE

Suite, Apt. #, etc.

City & State
HIALEAH GARDENS, FL

Zip
33018

City & State
HIALEAH GARDENS, FL

Zip
33018

7. Name and Address of Current Registered Agent

Name
JESUS LA ROSA

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

9414 N.W 114 TERRACE 9000082542209 09/07--01021--014 **150.00

Suite, Apt. #, Etc.

City
HIALEAH GARDENS

State
FL Zip Code
33018

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

Date

12/7/06

REGISTERED AGENT MUST SIGN

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
PD	JESUS LA ROSA	9414 N.W 114 TERRACE	HIALEAH GARDENS, FL
VD	TAMARA LA ROSA	9414 N.W 114 TERRACE	HIALEAH GARDENS, FL

STATEMENT

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/06 305-592-8234

Date

Daytime Phone #