

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY 19 PM 3:27

DOCUMENT # PD2000077743

1. Corporation Name

NU-LEAF TRUCKING INC.

100155553691
05/19/09--01018--016 **158.75

100155553691
05/06/09--01039--002 **450.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

10831 TEA OLIVE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

10831 TEA OLIVE LANE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33498

Country

USA

City & State

BOCA RATON, FL

Zip

33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 17, 2002

5. FEI Number

22-3857225

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

ARTHUR SCHOPS

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

10831 TEA OLIVE LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Arthur Schops

REGISTERED AGENT MUST SIGN

Date 5/5/09

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
PTS	ARTHUR SCHOPS	10831 TEA OLIVE LANE	BOCA RATON, FL 33498
V	LESLIE SCHOPS	10831 TEA OLIVE LANE	BOCA RATON, FL 33498

AS 5/20/09

REINSTATEMENT 06-09

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

ARTHUR SCHOPS

Date

5-5-09

Daytime Phone #

561-756-2037