

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 NOV 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000077743**

1. Corporation Name

NU-LEAF TRUCKING INC.

Principal Place of Business

Mailing Address

~~5531 WISHING STAR LN
GREEN ACRES FL 33463~~

~~5531 WISHING STAR LN
GREEN ACRES FL 33463~~

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

2. New Principal Office Address, If Applicable
10831 TEA OLIVE LANE

3. New Mailing Office Address, If Applicable
10831 TEA OLIVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33498

Country
USA

Zip
33498

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2002

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP P	SAMAREL, MICHAEL D	5531 WISHING STAR LN	GREEN ACRES FL 33463
T/S/V	SCHOPS, ARTHUR	10831 TEA OLIVE LANE	BOCA RATON FL 33498

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AIA CORPORATE SERVICES INC.
92 SADBERRY ROAD
QUINCY FL 32351~~

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

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

Arthur Schops

Date **11-14-03**

REGISTERED AGENT MUST SIGN

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:

Arthur Schops **ARTHUR SCHOPS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03
Date

561 756 2037
Daytime Phone #

CR2E040 (7/03)

NU-LEAF TRUCKING INC.
10831 TEA OLIVE LANE
BOCA RATON, FL 33498
TELE NO. 561 371-6210 FAX 561 487-4265

November 23, 2003

Division of Corporations
Annual Reporting/Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am enclosing an application and a check for \$150.00 to reinstate the corporation.

I herein request that the reinstatement fee be waived because we never received the two prior UBR notices.

Thank You

Sincerely,



Arthur Schops
Vice President