

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 -7 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P02000079259**

1. Corporation Name

SAMUEL TRUCKING SERVICE CO.

Principal Place of Business

Mailing Address

4328 SAFFOLD RD
WIMAUMA FL 33598

4328 SAFFOLD RD
WIMAUMA FL 33598

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.

3106 turkey walk Ln.

Suite, Apt. #, etc.

3106 turkey walk Ln

City & State

Wimauma FL 33598

City & State

Wimauma FL

Zip

Country

Zip

Country

33598

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

FIN. 52-2367048

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTS	RODRIGUEZ, SAMUEL	4328 SAFFOLD RD	WIMAUMA FL 33598
	(Name) (last) Samuel Rodriguez	3106 turkey walk Ln.	Wimauma FL 33598

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, SAMUEL
4328 SAFFOLD RD
WIMAUMA FL 33598

Name

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

Suite, Apt. #, Etc.

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

SAMUEL RODRIGUEZ

Date **10-4-03**

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:

SAMUEL RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-03

Date

(813) 299 3749

Daytime Phone #

CR20040 (7/03)

Samuel Trucking Service Co.
3106 Turkey Walk Lane
Wimauma, Florida 33598

November 4, 2003

Florida Department of State
Division of Corporations
Tallahassee, Florida 32302

Re: 2003 Uniform Business Report

Dear Sir/Madam:

I write to ask for reinstatement of the above named corporation. It was administratively dissolved for not having filed the 2003 Uniform Business Report.

The reason the UBR was not filed is that I never received the filing packet. This may be because I changed my mailing address. The new address is listed above, and also on the reinstatement form.

Attached is the reinstatement form and the \$150 annual fee. Please reinstate the corporation as soon as possible.

Sincerely,

Samuel Rodriguez
President