

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 PM 3:32

DOCUMENT # P02000090064

1. Corporation Name

Lubin Trucking Corporation Inc

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

4139 Park Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4139 Park Lane

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33406

Country

US

Zip

33406

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2002

5. FEI Number

31-1668527

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

Jose L Castano

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

4139 Park Lane

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

J L Castano

Date 6/14/2006

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
P	JOSE L CASTANO	4139 Park Lane,	West Palm Beach, FL 33406
VP	CESAR A OCAMPO	4139 Park Lane,	West Palm Beach, FL 33406

100076430331
06/21/06--01017--023 **\$08.75

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:

J L Castano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-06

Date

561 568 5892
305 599 8287

Daytime Phone #

2 of 2

June 14, 2006

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

Attn Reinstatement Department

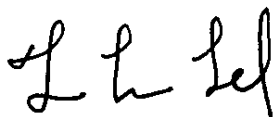
Re: Waived Reinstatement fee.

Let this letter to serve to waived the reinstatement fee for my corporation, because I did not received the annual report notices.

Corporation Name: Lubin Trucking Corporation Inc.
Document # P02000090064

Thank you very much,

Sincerely



Jose L Castano
Tel (561) 568-5892

Please find attached an application for Reinstatement of my corporation and check of \$608.75.