PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 JAN 12 AM 9: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000097589

1. Corporation Name

ميسو يا 🏈

E AND J R TRUCKING INC.

**400026971064** 01/14/04--01067--003 \*\*150.00

2. Principal Office Address 7751 W 28 AVE #7 77751 W 28 AVE #7 7751 W 28 AVE #7 77751 W 28 AVE #7 7751 W 28 AVE #7 77751 W													
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Property of the control of th	•				_				THE TATEMENT				
City & State HIALEAH, FL  To De Statines in Florida  The State HIALEAH, FL  To De Statines in Florida  To De Occurry  To De Statines in Florida  To De Occurry  To De Statines in Florida  To De Occurry  To De Oc	7751	W 28 A\	/E	7751 W	7751 W 28 AVE				) [ M	1 P 11 1 1 1 1 1 1 1			
City & State HIALEAH, FL  TO Do Business in Florids  Or Roy Additional Park in Florids  Or Certificate of State In State  Or Roy Additional Park in Florids  Or In Certificate of State In Table  Or In Certificate In Park In In Indianal In Indianal Ind	Suite, Apt. #	ŧ, etc.		Suite, Apt. #,	Suite, Apt. #, etc.								
HIALEAH, FL  IP  33016  Country  Applied For  Name and Address of Current Registered Agent  T. Name and Address of Current Registered Agent  To suite, Apt. #, Etc.  City  HIALEAH  Street Address (P.O. Box Number is Not Acceptable)  7751 W 28 AVE #7  Suite, Apt. #, Etc.  City  HIALEAH  REGISTERED AGENT MUST SIGN  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P.S.D. JANET FARIGOLA  To suite and officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  These  To suite and officer and/or Directors  To suite and or Direc	-7	- <del> </del>	- <del></del>	7						rida 09/	10/2002	2	
HIALEAH, FL  Zip  33016  Country  Zip  33016  Country  Zip  33016  7. Name and Address of Current Registered Agent  The Country  Suite, Apl. #, Etc.  City  HIALEAH  Registered Agent  Registere				1 -	·				5 FELNumber Applied For				
33016  33016  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  7751 W 28 AVE #7  Suite, Apt. #, Etc.  City HIAUEAH  8. I. being appointed properties agent if the spove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director Officer O	HIALEAH, FL			HIALEA	HIALEAH, FL			1					
Name JANET FARIGOLA  Streat Address (P.O. Box Number is Not Acceptable)  7751 W 28 AVE #7  Suite, Apt. #, Etc.  City HIALEAH  8. I. being appointed the holigistic bage put the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.  Signature of Registered Agent  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  Officers and/or Directors  Officer and/or Director  Titles ANATIC Officers and/or Director of the property of the passes of the property of the passes of the property of the passes of the pass			Country	1 '		Country		6. CERTIFICATE	OF STATU	S DESIRED S	8.75 Addition	nal Fee required	
Street Address (P.O. Box Number is Not Acceptable)  T751 W 28 AVE #7  Suite, Apt. #, Etc.  City HIALEAH  8. I. being appointed profusipeting agent if the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  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  Titles Officer and/or Director  Tribus Officer and/				7. N	ame and A	ddress of Current F	Registere	ed Agent					
Suite, Apt. #, Etc.  City HIALEAH  FL 33016  8. 1. being appointed yet legistary agent if the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addressas of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Directors  77751 W 28 AVE #7  HIALEAH, FL 33016  10. I certify that I am an officer of 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 receporation halp been paid and by a names of individuals listed on this form do not aquinfy for an exempting for an exempting for an exempting for an exempting for a sexempting for a		Name J/	ANET FARIGO	LA		•							
Suite, Apt. #, Etc.  City HIALEAH  State Zip Code FL 33016  8. 1, being appointed in the dispersion agent at the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  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  Name of Officers and/or Directors  Titles / Name of Officers and/or Directors  1775 1 W 28 AVE #7  10. Leartly that I am an officer of director or the receiver or tostee empowered to execute this application as provided for in chapter 607 or 617, F.S. Hurther certify that when filing this reinstatement application half given 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 the agent supprised in the same legal effect as if made under each.  12/08/2003		Street Add	ress (P.O. Box Number is	Not Acceptable)	7751 V	V 28 AVF #7	,						
## ## ## ## ## ## ## ## ## ## ## ## ##		Suite, Apt.	#, Etc.										
8. I. being appointed the registered agent at the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P.S.D. JANET FARIGOLA 7751 W 28 AVE #7 HIALEAH, FL 33016  10. I certify that I am an officer of director or the receiver or trustee empowered to execute this application as provided for in chapte 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation has 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 securate, and thy signature shall have the same legal effect as if made under oath.  SIGNATURE:		City	al Fall						1 1				
Registered Agent  Registered Agent  Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officer and/or Director  Officer and/or Director  Titles  Name of Officers and/or Directors  Titles  Name of Officers and/or Directors  Titles  Typ:  Thialeah, FL 33016  Thialeah, F		HI	AUEARY	4					FL	33016			
P;S,D JANET FARIGOLA 7751 W 28 AVE #7 HIALEAH, FL 33016  10. I certify that I am an officer of 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 filling this reinstatement applicating, tipe 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 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 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 has been eliminated, the corporation of the properties of the p	Registered	Agent				*			Date <sub>-</sub>	12/08/20	03		
P,S,D JANET FARISOLA 7751 W 28 AVE #7 HIALEAH, FL 33016  10. I certify that I am an officer of 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation hale steen paid and the names of individuals listed on this form on ot qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and try signature shall have the same legal effect as if made under oath.	9. Names	and Street A		and/or Director (Fig	orida nonpro	•		i	ī				
10. I certify that I am an officer of 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 filling 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 then 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:	Titles			ors									
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 hade 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:	P,S,D	JANET'F	ARIGOLA	بسين نيدسينيد	37751 W 28 AVE #7			HIALEAH, FL 33016					
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 hade 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:					i								
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 hade 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:													
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 hade 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:													
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 hade 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:			,										
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 hade 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:					1					· · · · · · · · · · · · · · · · · · ·			
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 hade 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:			$\longrightarrow$										
SIGNATURE: / / / / /	this re owed	instatement a by the corpora	oplication, the reason for dation have been paid and t	lissolution has bee he names of individ	n eliminated duals listed	l, the corporate name on this form do not qu	e satisfies ualify for a	the requirements an exemption und	s of section	607.0401 or 617	'.0401, F.S.,	that all fees	
SIGNATURE: / / / / /	SICNA	TUDE:	VXXXXVV					1	2/08/2	2003			
	SIGNA		ICHATURE AND TYPED OR	PRINTED NAME OF	SIGNING OF	FICER OR DIRECTOR					Daytime Phone	e #	

2012

E AND J R TRUCKING INC. 7751 W 28 AVE #7 HIALEAH, FL 33016

Tuesday, December 09, 2003

DEPARTMENT OF STATE DIVISION OF CORPORATION PO BOX 6327 TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P02000097589

We are filing for reinstatement to pay the annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

ANET FANGO A - SECRETARY