PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. V.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAR 29 PM 2: 51 SECRETARY OF STATE
DOCUMENT # PO20 1. Corporation Name	000115294	SECRETARY OF STATE TALLAHASSEE, FLORIDA
BARRERAS TR	OCKING CORPORATION	
2. Principal Office Address 2604 W. 54 PL. Suite, Apt. #, etc.	3. Mailing Office Address 2604 W. 54 PL. Suite, Apt. #, etc.	REINSTATEMENT 05/03/04/15000
		Date Incorporated or Qualified To Do Business in Florida
City & State HIAIEAH, FL Zip Country NIAMI-	City & State HiA/EAH, FL Zip Country MiAmi-	5. FEI Number 16-1437040 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
33016 DANE	7. Name and Address of Current Register	for a Certificate or Status
Name ANA M. /ERA Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City HAEAH State Zip Code FL 33016		
Signature of Registered Agent	ove named corporation, am familiar with and accept the o	Date 3/25/05
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Directo	
P ANA M. YER	A 2604W. 54 F	PL. Haleah, FC 33016
		300050127573 04/07/0501007025 **150.00
		Buds
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

BARRERAS TRUCKING, CORP. 2604 W. 54 PLACE HIALEAH, FL 33016 (305) 818-9698

March 25, 2005

Ana M. Year
-2604 W. 54 Place
Hialeah, FL 33016

Doc. #: P02000115294

To Whom It May Concern:

On April 22, 2004 I sent a check (#1320) for the amount of \$150 to renew the company (2004). I was checking the Company status thru the internet and I notice that it was inactive. I called your office on 03/25/05, and was informed that I never sent back the rejection form.

Please waive the penalty fee since I never received the 2004 rejection letter that was sent on 05/12/04.

If I need to provide you with other information, please let me know.

Sincerely Yours,

Ana M. Year,