

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000121458

1. Corporation Name

ORLANDO FLATBED FREIGHT, INC

Principal Place of Business

P.O. BOX 778  
OCOEE FL 34761

Mailing Address

P.O. BOX 778  
OCOEE FL 34761

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/2002

5. FEI Number

☒ 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
PD	LOPEZ, RAMON	P.O. BOX 778	OCOEE FL 34761
VD	LOPEZ, JUANA	P.O. BOX 778	OCOEE FL 34761

400024376104

11/03/03 01036 006 \*\*158.75

8. Name and Address of Current Registered Agent

LOPEZ, RAMON  
153 MOBILE LANE  
OCOEE FL 34761

9. Name and Address of New Registered Agent

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

*Ramon Lopez*  
REGISTERED AGENT MUST SIGN

Date

10-28-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

OST

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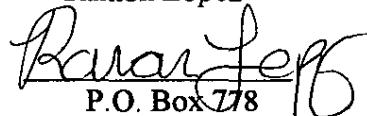
Corporation Name  
Orlando Flatbed Freight Inc.

Department of Corporations

To whom it may concern:

We are asking you to please consider waiving the reinstatement fee because of the following reasons; Orlando Flatbed Freight Inc. is a new corporation, we did not receive the necessary UBR notices to properly submit the reinstatement application. If you could please send us some information on how we would go about filing to maintain our corporation in active status. This would be greatly appreciated, thank you for your time.

Sincerely,  
Ramon Lopez

  
P.O. Box 778  
Ocoee, FL 34761  
(407) 509-6602