

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 # **P02000122151**

1. Corporation Name

J.F. TRUCKING CORP.

Principal Place of Business

**4730 WEST 9TH AVE
HIALEAH FL 33012**

Mailing Address

**4730 WEST 9TH AVE
HIALEAH FL 33012**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

02-0653670

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
DPST	FLORES, SECUNDINO	4730 WEST 9TH AVE	HIALEAH FL 33012

500023870465

10/17/03--01022--006 **150.00

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name **Secundino Flores.**

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

4730 W 9TH AVE.

Suite, Apt. #, Etc.

City

HIALEAH, FL.

State

FL

Zip Code

33012.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-13-03**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

(786-402-5518)

CR20040 (7/03)

10/13/03

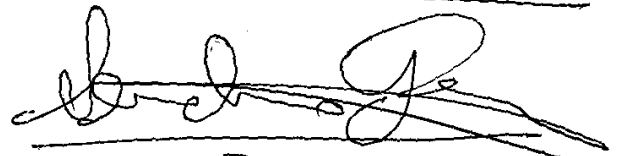
TO WHOM IT MAY CONCERN:

I Secundino Flores HAVE NEVER

RECEIVED ANY OF THE PREVIOUS UBR

OUR COMPANY NAME IS, J.F. TRUCKING CORP.

Secundino Flores.

A handwritten signature in dark ink, appearing to be 'Secundino Flores', written over a horizontal line.

PRESIDENT.

"THANK YOU"