

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 28 AM 8:00

DOCUMENT # **P02000133034**

1. Corporation Name

**MTZ TRUCKING SERVICE, INC.**

Principal Place of Business

Mailing Address

18375 SW 296TH ST  
HOMESTEAD FL 33030

18375 SW 296TH ST  
HOMESTEAD FL 33030



**REINSTATEMENT** *03*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

30-0132308

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ZEROLO, MIGUEL	18375 SW 296TH ST	HOMESTEAD FL 33030

600024604536  
11/12/03--01014--025 \*\*250.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZEROLO, MIGUEL  
18375 SW 296TH ST  
HOMESTEAD FL 33030

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*10-16-03*

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 REQUIRED**

MIGUEL ZEROLO 10/16/03 305-242-0134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED040 (7/03)

**MTZ TRUCKING SERVICE, INC.**  
**18375 SW 296<sup>th</sup> Street**  
**Homestead, FL 33030**  
**305-242-0134**

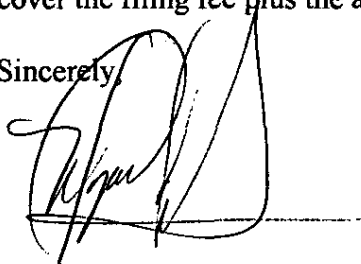
October 16, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Gentlemen:

I, Miguel Zerolo, president of MTZ TRUCKING SERVICE, INC. hereby state that I just received the Notice of Administrative Rissolution or Revocation of my above stated company from your office and that I did not received the prior two Uniform Business Reports that you mention in your notice. Therefore I would like to reinstate my company without penalty and to that effect I am enclosing my check in the amount of \$150.00 to cover the filing fee plus the application for reinstatement duly executed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Miguel Zerolo', is written over a horizontal line.

Miguel Zerolo

MZ/hm

Encl.