

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000133075

1. Entity Name
ZAHLENE TRUCKING INCORPORATED



FILED

04 NOV 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11300 NW 97TH AVE
MEDLEY, FL 33166 US

Mailing Address
2833 EXECUTIVE PARK DR
500
WESTON, FL 33331 US

2. Principal Place of Business

3. Mailing Address
7536 W 4th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH FL

Zip

Country

Zip
33014

Country
USA

11032004 REIN-P CR2E098 (6/04)

4. FEI Number
51-0438994

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAHLENE, MIGUEL A.
7536 WEST 4TH LANE
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Miguel A. Zehene

11-17-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAHLENE, MIGUEL A	
STREET ADDRESS	7536 W 4TH LANE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZAHLENE, BEATRIZ C	
STREET ADDRESS	7536 W 4TH LANE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400042958754
CITY-ST-ZIP	11/23/04--01048--002 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel A. Zehene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-04

305-557-9635

Zahlene Trucking Inc
7536 West 4th Lane
Hialeah FL 33014

Division of Corporations
PO Box 6327
Tallahassee FL 32314

Dear Division of Corp,

I did not receive a copy of the annual report to renew our corporation filing. During the renewal period, I was diagnosed with Leukemia and was undergoing Treatment in which I was quarantined and hospitalized. Please accept my payment and renew my corporate status.

Sincerely,

A handwritten signature in dark ink, appearing to read "Miguel Zahlene", followed by a horizontal line.

Miguel Zahlene