

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 9:08

000175476050
05/04/10--01048--018 **300.00

DOCUMENT # P03000023176

1. Corporation Name

DANLORD TRUKING, INC.

REINSTATEMENT

000175476050
04/13/10--01007--012 **158.75

CR2E081 (11/09)

KS

2. Principal Office Address - No P.O. Box #

816 LITTLE CREEK RD

Suite, Apt. #, etc.

3. Mailing Office Address

816 LITTLE CREEK RD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32825

Country

USA

Zip

32825

Country

USA

4. Date Incorporated or Qualified

-To-Do Business in Florida 02/25/2003

5. FEI Number

56-2342859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee Required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

VICTOR DANILO QUINTANA OLIVERA

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

816 LITTLE CREEK RD

Suite, Apt. #, Etc.

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

City

ORLANDO

State

FL

Zip Code

32825

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date 4/8/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VICTOR D QUINTANA	816 LITTLE CREEK RD	ORLANDO FL 32825
T	LOURDES ROMAN	816 LITTLE CREEK RD	ORLANDO FL 32825

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify 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]*

VICTOR D QUINTANA OLIVERA 04/08/2010 407-658-1503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #