

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 10 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000034126

1. Entity Name
DPR TRUCKING, CORP.



Principal Place of Business

582 WEST 44 PLACE
HIALEAH, FL 33012

Mailing Address

582 WEST 44 PLACE
HIALEAH, FL 33012

REINSTATEMENT



2. Principal Place of Business

3992 NW 176 Ter

3. Mailing Address

3992 NW 176 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272004

REIN-P

CR2E098 (6/04)

City & State

Carol City FL

City & State

Carol City

4. FEI Number

54-2104111

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, DAVIS P
582 WEST 44 PLACE
HIALEAH, FL 33012

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: *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS:

TITLE: D
NAME: RODRIGUEZ, DAVIS P
STREET ADDRESS: 582 WEST 44 PLACE
CITY-ST-ZIP: HIALEAH, FL 33012

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TITLE:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME: 800042610488
STREET ADDRESS: 11/09/04--01087--025 **158.75
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04 . 786 295-2225