

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 18 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



811806 90076 007 150.00
10092006 REIN-P CR2E098 (11/05)

DOCUMENT # P03000053738 1. Entity Name CV TRUCKING, INC.					
Principal Place of Business 145 S GRANJA ST CLEWISTON, FL 33440 US			Mailing Address 145 S GRANJA ST CLEWISTON, FL 33440 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #., etc.		Suite, Apt. #., etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, YOLANDA A 145 S GRANJA ST CLEWISTON, FL 33440			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: 10/4/06 Signature types or printed name of registered agent. No title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, YOLANDA A 145 S GRANJA ST CLEWISTON, FL 33440	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VELIDANES, CARLOS M 145 S GRANJA ST CLEWISTON, FL 33440	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 10/4/06 863-227-1145 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/24/06

10/4/06

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As per conversation I'm requesting that you waive the reinstatement fee, since I did not received the request Document for correction from august 8th 2006; enclosed find the copy of paid check from my bank.

Thank you.

C V Trucking Inc % Filinda A. Rodriguez
145 South Georgia ST
Clewiston Florida 33440

Any Time Phone 863-227-1145

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