

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -3 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 903000077389

1. Corporation Name

David's Trucking Corporation

REINSTATEMENT 04-05

2. Principal Office Address

4651 Babcock Street NE

Suite, Apt. #, etc.

Ste 17

City & State

Palm Bay, Fl

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2003

5. FEI Number

74-3098287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

32905

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

David R. Castellanos

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

4651 Babcock Street NE

Suite, Apt. #, Etc.

Ste 17

City

Palm Bay

State

FL

Zip Code

32905

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

REGISTERED AGENT MUST SIGN

Date

5/31/05

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	David R. Castellanos	4651 Babcock Street Ste 17	Palm Bay, Fl 32905
VP	Maria C. Dominguez	4651 Babcock Street Ste 17	Palm Bay, Fl 32905

10. 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 11 9.07(3)(1), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David R Castellanos

5/31/05 (772) 633-8427