PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 15 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000081621

1. Corporation Name

D.M. FAMILY TRUCKING CORP.

REINSTATEMENT
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3241 ORANGE GROVE TRAIL	3241 ORANGE GROVE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES,FL	City & State: NAPLES,FL
Zip: 34120 Country:	Zip: 34120 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/28/2003

5. FEI Number: 41-2103841 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARTINEZ JOSE D

Street Address (P.O. Box Number is Not Acceptable): 3241 ORANGE GROVE TRAIL

Suite, Apt. #, Etc.:

City: NAPLES,FL State: FL Zip Code: 34120

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: 11/17/2006

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-VP	MARTINEZ JOSE D	3241 ORANGE GROVE TRAIL	NAPLES,FL 34120
S-T	MARTINEZ JOSE D	3241 ORANGE GROVE TRAIL	NAPLES,FL 34120

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12/19/06--01050--013 **450.00

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 contained in Chapter 119, 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: _____ JOSE D MARTINEZ 11/17/2006 305-525-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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To whom it may concern;

In reference to my reinstatement fee please waive this fee I did not receive the annual report notices in the year (2004) of dissolution/revocation.

THANK YOU;

JOSE D. MARTINEZ
PRESIDENT