

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

DOCUMENT # P03000081621

1. Corporation Name

D.M. FAMILY TRUCKING CORP.

2. Principal Office Address

3241 ORANGE GROVE TRAIL

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120

Country

3. Mailing Office Address

3241 ORANGE GROVE TRAIL

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34120

Country

REINSTATEMENT

CR2E081 (12/05)

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 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

REGISTERED AGENT MUST SIGN

Date **11/17/2006**

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

500082651135
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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE D MARTINEZ

11/17/2006

Date

305-525-0920

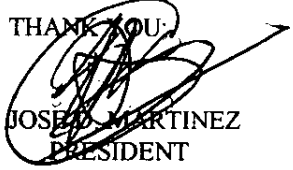
Daytime Phone #

282

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


JOSEP MARTINEZ
PRESIDENT