

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 18 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000/02384**

1. Corporation Name **DELANO TRUCKING COMPANY**

2. Principal Office Address

1510 BLUETAIL DR
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 89488
Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

TAMPA, FL

Zip Country

33511

Zip Country

33689

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/03

5. FEI Number

20-0227870

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

JOSE VELAZQUEZ

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

5402 S 24TH AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

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

JOSE VELAZQUEZ

REGISTERED AGENT MUST SIGN

Date **12-14-06**

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	LUIS A. NAZAR	1510 BLUETAIL DR	BRANDON, FL 33511

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

Luis Nazar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-06 813-426-8045

Date

Daytime Phone #

12/18/06

DELAND TRUCKING COMPANY

DELANDTRUCKING@AOL.COM

P.O.BOX 89488

TAMPA, FLORIDA 33689

PHONE-813-426-8045

FAX-813-315-6172

December 14, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6250
TALLAHASSEE, FL 32314

I WOULD LIKE TO GET MY CORPORATION BACK ACTIVE. I NEVER RECEIVE THE PAPER WORK
FOR PAYMENT. MY CORRECT ADDRESS IS P.O.BOX 89488 TAMPA, FL 33689. PLEASE LET ME
KNOW IF I HAVE TO DO SOMETHING OUT TO GET MY CORPORATION ACTIVE. PLEASE.

Sincerely,



LUIS A. NATAL

P0300102384