

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000137071

1. Entity Name
JAY PALL TRUCKING, INC.



Principal Place of Business
4770 ESTECO COURT
ESTERO, FL 33928

Mailing Address
4770 ESTECO COURT
ESTERO, FL 33928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004

REIN-P

CR2E098 (6/04)

4. FEI Number

81-0639305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name
JAY PALL

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

4770 ESTERO COURT

City
DONITA SPRINGS

FL

Zip Code

33928

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

Signature, typed or printed name of registered agent and title if applicable.

STEPHEN JAY PALL

(NOTE: Registered Agent signature required when reinstating)

10-27-04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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
PSTD
PALL, STEPHEN J
STREET ADDRESS
4770 ESTECO COURT
CITY-ST-ZIP
ESTERO, FL 33928

☐ Delete

TITLE
NAME
200042315872
STREET ADDRESS
10/29/04--01055--020 **150.00
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-04

239
841 0835

113 00