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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000154 415			
1. Corporation Name A Claro Lopez Trucking Inc			
2. Principal Office Address - No P.O. Box # 1029 NE 4th Ave		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead, FL 33030		City & State FL	
Zip 33030	Country USA	Zip FL	Country
4. Date Incorporated or Qualified To Do Business in Florida 12/18/03			
5. FBI Number NDNE <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
7. Name and Address of Current Registered Agent			
Name Angelina Lopez			
Street Address (P.O. Box Number is Not Acceptable) 1029 NE 4th Ave			
Suite, Apt. #, Etc.			
City Homestead		State FL	Zip Code 33030
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 2/6/08	
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	Angelina Lopez	1029 NE 4th Ave	Homestead, FL 33030
10. I certify that I am an officer or director or the receiver or liquidator empowered to submit 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: 		Date 2/6/08	Case File # 2059625212
(SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR)		Date	Case File #

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REINSTATEMENT 04 08

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A CLARO LOPEZ TRUCKING INC
1029 NE 4TH AVE
Homestead, FL 33030
TEL: 305-962-5212i

January 18, 2008

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Dear Sir/Madam:

We recently discovered that the State of Florida annual report has not been filed for the years 2004 and 2005.

We would like to explain the reasons why these reports were never filed:

- 1) As a new business, we were not aware that an annual report needed to be filed with the State of Florida.
- 2) We never received any renewal notices from the State of Florida. We believe that the reason for not receiving the notices was our change of address in early 2004. Our correct address is listed above.
- 3) My business partner was supposedly attending to matters pertaining to these and was either also unaware or did not act responsibly. As a result he will no longer be listed as partner and I am currently in the process of amending the corporation to have him removed.

We realize that we must now renew both years, plus 2006. Therefore enclosed please find a check for \$450.

We respectfully request that you waive the reinstatement fee. We are a small corporation and assessing such a significant fee will certainly hinder our finances and cash flows. You can be sure that this will not happen again.

Sincerely,



Angelina Lopez
President