

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 9:45

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000156665

1. Corporation Name

B E F TRUCKING, Inc.

2. Principal Office Address - No P.O. Box #

14503 CHERRY LAKE DR. W

Suite, Apt. #, etc.

3. Mailing Office Address

14503 CHERRY LAKE DR. W

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jax, FL

Zip

32258

Country

DUVAL

Zip

32258

Country

USA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2003

5. FEI Number

05-0593728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

HUSO DOSTOVIC

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

14503 CHERRY LAKE DR. W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

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

HUSO DOSTOVIC

REGISTERED AGENT MUST SIGN

Date

07/16/07

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 | HUSO DOSTOVIC | 14503 CHERRY LAKE DR. W | Jacksonville, FL 32258 |
| T | EMIL DOSTOVIC | 14503 CHERRY LAKE DR. W | Jacksonville, FL 32258 |
| S | FATIMA DOSTOVIC | 14503 CHERRY LAKE DR. W | Jacksonville, FL 32258 |
| | | | |
| | | | |
| | | | |

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:

HUSO DOSTOVIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/07

Date

904-614-6517

Daytime Phone #