

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 NOV 14 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000017445

1. Corporation Name

1st Class Trucking, Inc.

2. Principal Office Address

4411 W. Knollwood St.

Suite, Apt. #, etc.

3. Mailing Office Address

10614 Deerberry Dr.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Land O Lakes, FL

Zip

33614

Country

US Hillsborough

Zip

34638

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1/23/04

5. FEI Number

20-0646364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Salvador Reyes, Jr.

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

10614 Deerberry Dr.

Suite, Apt. #, Etc.

City

Land O Lakes

State

FL

Zip Code

34638

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

Salvador Reyes Jr.

REGISTERED AGENT MUST SIGN

Date

10/9/06

**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	Salvador Reyes Jr.	10614 Deerberry Dr.	Land O Lakes, FL 34638

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:

Salvador Reyes Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/06

Date

8134334443

Daytime Phone #