

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000027943

1. Entry Name
JORGE PEREZ AND SONS TRUCKING INC



Principal Place of Business Mailing Address
48 BOSTON LANE 48 BOSTON LANE
PALM COAST, FL 32137 PALM COAST, FL 32137


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
 06 SEP 22 PM 2:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09192006 REIN-P CR2E088 (11/05)

4. FEI Number
20-0712557

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVENUE
A
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

Name **JORGE PEREZ**

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

48 BOSTON LANE

City **PALM COAST** FL Zip Code **32137**

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:  DATE: **9-15-06**

SIGNATURE: Word or typed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reissuing.) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE PEREZ	NAME	200080312602
STREET ADDRESS	48 BOSTON LANE	STREET ADDRESS	09/29/06--01063--015 **150.00
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date _____ Daytime Phone # _____

SIGNATURE: Word or typed name of signing officer or director Date Daytime Phone #