15 1 32

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLE	:ASE READ	ALL INSTE	الإستاد	NO RELO	KE U	DOMPLETING THIS FORM.
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						ATE	PALLATIASSEE FLORIDA
		PO40000299		ERVICE	E, INC		
2. Principal Office Address 3. Mailing Office Address							4/04/05 90067 013 150
			S. Mailing Office Address				1
1321 P Suite, Apt. #	W 21ST		Suite, Apt. #, etc.				CR2E081 (8/05)
осно, гфт. н	, 0.0.		Sand, 74th 17, old.				4. Date Incorporated or Qualified
City & State			City & State	City & State			To Do Business in Florida JUNE 16, 2003
		D.					5. FEI Number Applied For
TI. LE Zip	AUDERDALE,		Zip	T	Country		65-1157191   Not Applicable
33311		SA	,	1	•		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
JJJ11	U	5A	7 No		dress of Current	Booletor	
	Name			IIII and Ad	diess of Current		
	OTHEL TURNER						REMOTATEMENT 05-96
	Street Address (P.O. Box Number is Not Acceptable)						DE HARM IN THE
	5787 WEST SUNRISE BLVD						
	Suite, Apt. #, Etc						Tragame IAN 17 199
	City						State Zip Code
	PLAN	TATION					<b>FL</b>   33313
8. I, being	appointed the regis	stered agent of the ab	ove named corpor	ation, am fa	miliar with and acc	ept the o	obligations of section 607.0505 or 617.0503, F.S.
Signature o	f						800064518868
Registered	Agent		EGISTERED AGE	ENT MUST S	SIGN		<u> </u>
9. Names	and Street Addres	ses of Each Officer ar	navor Director (Flor	ida nonprofi			
Titles	Of	Name of ficers and/or Director	s		Street Addres Officer and/o		
DPVS	BAKER, AL	FRED		1321	NW 21ST.		FT. LAUDERDALE, FL 33311
Т	BAKER', AL	FRED		1321	NW 21ST		FT. LAUDERDALE, FL 33311
_			····				
							1
					<del>, ,</del>		
			·				
this re owed	instatement applica by the corporation h	tion, the reason for dis	ssolution has been e names of individ	eliminated, uals listed or	the corporate name n this form do not q	e satisfie: Jualify for	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone 8

SIGNATURE:

A.J. Baker Dump Truck Service, Inc 1321 NW 21<sup>st</sup> Street Ft Lauderdale, Fl 33311 954- 347-7631

January 11th, 2006

The Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir/Madam

## RE: A. J. BAKER DUMP TRUCK SERVICE, INC REF. NO: P04000029965

With reference to the above company I hereby attach the signed reinstatement form for the company which was dissolved on September 16, 2005.

Please note that the annual report was completed and forwarded to your office in February 2005. The check for \$150.00 dated February 24<sup>th</sup>, 2005 was cashed by your office on April 4<sup>th</sup>, 2005 (copy of cashed check enclosed for your perusal). After contacting your office I learnt that a letter was sent to me on April 6<sup>th</sup>, 2005. Please note that I was having problems with the mail at that time and never received the letter.

I hereby am requesting a waiver of all penalties and would appreciate if the reinstatement be completed upon receipt of this letter.

Thank you for your kind co-operation in this matter. Please do not hesitate to contact the undersigned if further information is needed.

Sincerely,

Alfred Baker President.