

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000035625

1. Corporation Name

YFF TRUCKING, INC.

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

139 N. NORMANDALE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

USA

3. Mailing Office Address

139 N. NORMANDALE AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

USA

**REINSTATEMENT** 07

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 02/23/2004

5. FEI Number

20-0773115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOHAMED JUMAN

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

139 N. NORMANDALE AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 11/23/2009

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	MOHAMED JUMAN	139 N. NORMANDALE AVE	ORLANDO, FL. 32835
ST	BIBI JUMAN	139 N. NORMANDALE AVE	ORLANDO, FL. 32835

200163032892  
11/23/09--01005--026 \*\*150.00

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/2009

Date

Daytime Phone #