

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 OCT 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000641305**

1. Corporation Name

NUBA TRUCKING INC.

400137263574
10/24/08--01041--003 **450.00

CR2E081 (10/08)

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

1671 NW 2nd AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 667646

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

Country

33060

U.S.A

Zip

Country

33066

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

510502696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75
for
Initial Fee
State of Status

7. Name and Address of Current Registered Agent

Name

ADIL REGAL

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

1671 NW 2nd AVE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

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 **10-23-2008**

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
President	ADIL REGAL	1671 NW 2nd AVE	POMPANO BEACH, FL 33060

REINSTATEMENT

06-08

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:

ADIL REGAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-08 (754) 235-3349

Date

Daytime Phone #