

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 OCT 15 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300161801733
10/16/09--01004--001 **\$00.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04000041305

1. Corporation Name

NUBA TRUCKING INC.

2. Principal Office Address - No P.O. Box # 1671 NW 2nd AVE		3. Mailing Office Address 1671 NW 2nd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060	Country U.S.A	Zip 33060	Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
510502696 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
ADIL REGAL

Street Address (P.O. Box Number is Not Acceptable)
1671 NW 2nd AVE

Suite, Apt. #, Etc.

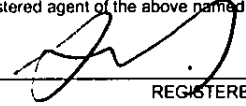
City
POMPANO BEACH

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  Date 10-12-2009

REGISTERED AGENT MUST SIGN

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

Rein. / w-o Penalty
MPL

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 10-12-09 (754) 235-3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #