2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P04000066081 **NESTOR TRUCKING SERVICE INC** 05 DEC 22 AM 9: 59 Principal Place of Business Mailing Address PENSTATEMENT 05 16721 NW 72ND AVE. 16721 NW 72ND AVE. MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address 13945 COLLIER BLVD 13945 COLLIER BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 12202005 REIN-P CR2E098 (6/04) City & State Applied For City & State LLDRIDA KORI OA 20-1041141 NAPLES NAPLES Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired V.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, NESTOR R Street Address (P.O. Box Number is Not Acceptable) 16721 NW 72ND AVE. MIAMI, FL 33015 13945 COLLER City NAPLES 8. The above named entity submits his 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 NESTUR RUDRIGUEZ PRESIDENT SIGNATURE. Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2006, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PD ☐ Delete JID F Change Addition TITLE RODRIGUEZ, NESTOR NAME 13945 COLLIER BLVD STREET ADDRESS 16721 NW 72ND AVE. STREET ADDRESS CITY-ST-ZIP NAPLES ELDRIDA 37/119 CITY-ST-ZIP MIAMI, FL 33015 TITLE Delete TITI F NAME NAME 100062356901 STREET ADDRESS STREET ADDRESS 12/22/05--01045--006 **150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 truetee 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 a doctors, with all other like empowered.

3-5-218-9958 Daytime Phone #

WESTOR

ANDRIGUE Z_ [NESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE: