2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000068052

1. Entity Name
CPL OF MARTIN COUNTY TRUCKING, INC.

FILED
08 SEP -5 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
401 E OSCEOLA ST STUART, FL	2550 SE WILLOUGHBY BLVD STUART, FL 34994

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2550 SE Willowsby Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State
Zip: 34994 Country: USA	Zip Country

4. FEI Number: 27-0092006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Michael J. Matakaetis 1501 SW Decker Ave #123 Stuart, FL 34994	Name: James E. Allen Street Address (P.O. Box Number is Not Acceptable): 850 NW Federal Highway Suite 233 City: Stuart FL Zip Code: 34994

8. The above named entity submits this 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 the obligations of registered agent.

SIGNATURE: James E. Allen /2008
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATAKAETIS, MICHAEL J 1501 SW DECKER AVE #123 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D James E. Allen 850 NW Federal Highway, Suite 233 Stuart, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D Mark P. Cafua 850 NW Federal Highway, Suite 233 Stuart, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800135418448 09/05/08--01038--008 **300.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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 an address, with all other like empowered.

SIGNATURE: James E. Allen /2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

09/8