

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO4000135715

1. Corporation Name **DELSHAR TRUCKING, INC.**

Principal Place of Business

Mailing Address

15390 S.W. 57th TERRACE
MIAMI, FL 33193

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 29, 2004

5. FEI Number

73-1718850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST	ANA M. DELGADO	15390 S.W. 57th TERRACE	MIAMI, FL 33193

300061078143
11/01/05--01058--018 **150.00

8. Name and Address of Current Registered Agent

ANA M. DELGADO
15390 S.W. 57th TERRACE
MIAMI, FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

ANA M. DELGADO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10-14-05 (786) 412-1250

Date

Daytime Phone #

10f2

FILED

05 OCT 17 AM 11:43

RECEIVED
TALLAHASSEE, FLORIDA

REINSTATEMENT

05

CR2E081 (12/98)

25f2

October 14, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DELSHAR TRUCKING, INC. REINSTATEMENT.

Gentlemen:

I am enclosing a check for \$150.00 in payment for the annual report of the corporation.

This payment has been late due to the fact that I did not receive the annual report form in order to pay same in time.

Please could you waive any penalty on this matter.

Thank you for your attention to this matter.

Yours very truly,

DELSHAR TRUCKING, INC.



Ana M. Delgado
President