

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:14

DOCUMENT # *P04000138339*

1. Corporation Name

Libera Trucking Inc.

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

9779 NE 95th St.

3. Mailing Office Address

PO Box 2025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. McCoy FL

City & State

Silver Springs FL

Zip

32134

Country

USA

Zip

34489

Country

USA

200147541782

03/26/09--01020--004 **750.00

REINSTATEMENT *05-09KS*

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

86-1116440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joan Della Libera

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

9779 NE 95th St.

Suite, Apt. #, Etc.

City

Ft. McCoy

State

FL

Zip Code

32134

☒ 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

Joan Della Libera

REGISTERED AGENT MUST SIGN

Date *2/18/09*

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
<i>P</i>	<i>Joan Della Libera</i>	<i>9779 NE 95th St.</i>	<i>Ft. McCoy FL 32134</i>
<i>VP</i>	<i>Reinaldo Della Libera</i>	<i>9779 NE 95th St.</i>	<i>Ft. McCoy FL 32134</i>

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:

Joan Della Libera

Joan Della Libera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/09

Daytime Phone #

352/236-4142