

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT -1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000140774

1. Corporation Name

LAWAN TRUCKING INC

REINSTATEMENT 07-09

700161247637
10/01/09--01044--014 **450.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 9570 NW 42ND COURT		3. Mailing Office Address 9570 NW 42ND COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FLORIDA		City & State SUNRISE, FLORIDA	
Zip 33351	Country USA	Zip 33351	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/11/2004	
5. FEI Number 20-1733391	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JOSEPH CLARKE

Street Address (P.O. Box Number is Not Acceptable)
9570 NW 42ND COURT

Suite, Apt. #, Etc.

City
SUNRISE, FLORIDA

State
FL

Zip Code
33351

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 *Joseph Clarke* Date SEPTEMBER 16, 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
P	JOSEPH CLARKE	9570 NW 42ND COURT	SUNRISE, FLORIDA 33351

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: *Joseph Clarke* SEPTEMBER 16, 2009 954-472-9144

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