

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000142269

1. Entity Name
F.O. TRUCKING, INC.



FILED

06 APR -5 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: ORLANDO FELIPE
1706 SW 154TH AVENUE
MIAMI, FL 33185

Mailing Address
ATTN: ORLANDO FELIPE
1706 SW 154TH AVENUE
MIAMI, FL 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03162006 REINSTATEMENT 05-06
CR2E098 (11/05)

4. FEI Number

34-2023900

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

ALONSO, IVETTE M
2780 W. 63 STREET #206
HIALEAH, FL 33016

Name

Ivette M. Alonso

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

1706 SW 154 Ave

City

Miami

FL

Zip Code

33185

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent sign.

required when reinstating)

DATE

4-1-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
FELIPE, ORLANDO
2780 W. 63 STREET #206
HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
Felipe, Orlando
1706 SW 154 Ave
Miami FL 33185 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ALONSO, IVETTE M
2780 W. 63 STREET #206
HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
Alonso, Ivette M
1706 SW 154 Ave
Miami FL 33185 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000070803690
04/18/06--01038--023 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Orlando Felipe Orlando Felipe

4-1-06

786 393 7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #