

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000148244

1. Corporation Name

Alfonso Trucking, Inc.

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

2945 Southwest 105 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

3. Mailing Office Address

2945 Southwest 105 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33165

Country

USA

7. Name and Address of Current Registered Agent

Name

Alvaro Alfonso

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

2945 Southwest 105 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

REGISTERED AGENT MUST SIGN

Date March 23, 2010

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	Alvaro Alfonso	2945 Southwest 105 Avenue	Miami, Florida 33165

10. E-mail Address: yheonline@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2010

Date

786.367.7178

Daytime Phone #

FILED

10 MAR 26 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

600173252796

03/26/10--01037--011 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2004

5. FEI Number

☐ Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.