

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO 5000001632

1. Corporation Name

Lopez & Sons Trucking Inc.

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

2340 Newmark Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2340 Newmark Dr.

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

Zip

32738

Country

USA

Zip

32738

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-2118379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Porfirio Lopez Jr. Newmark Dr.

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

2340 Newmark Dr.

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

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

Porfirio Lopez Jr.

REGISTERED AGENT MUST SIGN

Date 10-4-11

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
<u>President</u>	<u>Porfirio Lopez Jr.</u>	<u>2340 Newmark Dr.</u>	<u>Deltona FL 32738</u>
<u>Vice President</u>	<u>Evelyn Lopez</u>	<u>2340 Newmark Dr.</u>	<u>Deltona FL 32738</u>

10. E-mail Address:

Strong Runner 36 @ A.O.L. 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Porfirio Lopez Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-11  
Date

386-956-2959  
Daytime Phone #

FILED  
11 OCT -4 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

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