

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000057864

1. Entity Name
J & C TRUCK SERVICES, INC



Principal Place of Business
7820 NW 47TH STREET
LAUDERHILL, FL 33351

Mailing Address
7820 NW 47TH STREET
LAUDERHILL, FL 33351

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt # etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
20-2700395

Apprec For
No: 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

QUINONES, CESAR N
7820 NW 47TH STREET
LAUDERHILL, FL 33351

Name

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

City

FL

Zip Code

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

Cesar N. Quinones

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$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 10

TITLE P ☐ Delete
NAME QUINONES, CESAR N
STREET ADDRESS 7820 NW 47TH STREET
CITY-STATE-ZIP LAUDERHILL, FL 33351

TITLE ☐ Change ☐ Addition
NAME 700139681967
STREET ADDRESS 01/06/09--01019--003 **150.00
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME QUINONES, CESAR N
STREET ADDRESS 7820 NW 47TH STREET
CITY-STATE-ZIP LAUDERHILL, FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 to an address, with all other like entries.

SIGNATURE:

Cesar N. Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Page #