

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000060780

1. Corporation Name

JAP HAULING INC.

WI-19407

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

2760 N.W. 102 ST

Suite, Apt. #, etc.

City & State

MIAMI FL. 33147

Zip

33147

Country

US

3. Mailing Office Address

2760 N.W. 102 ST

Suite, Apt. #, etc.

City & State

MIAMI FL. 33147

Zip

33147

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2005

5. FEI Number

202730622

☒ 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

JOSIAS A. Perez

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

2760 N.W. 102 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☐ 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

REGISTERED AGENT MUST SIGN

Date

04/14/2006

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
PRESIDENT	JOSIAS A. Perez	2760 N.W. 102 ST	MIAMI FL. 33147

10. E-mail Address: JOSIASPEREZ1@aol.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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/14/2010

Daytime Phone #

FILED
10 MAY 12 PM 3:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700176538107
04/20/10--01020--016 **750.00

REINSTATEMENT 08-10

700176538107
05/12/10--01037--017 **308.75

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