

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P05000063420*

1. Corporation Name

R D T Freightliner Inc.

REINSTATEMENT *08-10*

600166854676
01/21/10--01043--010 **300.00

CR2E081 (11/09)

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

10430 S.W. 145 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

10430 S.W. 145 Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami Florida

Zip

33186

Country

U.S.A.

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/2005

5. FEI Number

☒ 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

Maria E. Quiros

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

10430 S.W. 145 Ave

Suite, Apt. #, Etc

h

City

Miami Florida

State

FL

Zip Code

33186

☒ 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.

600166854676
02/18/10--01015--010 **150.00

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

[Signature]

Date *12/10/09*

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Edgardo Gonzalez</i>	<i>10430 S.W. 145 Ave</i>	<i>Miami FL 33186</i>

REINSTATEMENT

RM

10. E-mail Address:

(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

Date

12/10/09

Daytime Phone #