

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083754

1. Entity Name
MOLANO'S TRUCKING & SOD, INC



FILED

07 OCT -2 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

102 BIT CT
KISSIMMEE, FL 34743 US

Mailing Address

102 BIT CT
KISSIMMEE, FL 34743 US

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



REINSTATEMENT 06-07
01242007-1 REIN-PA CR2E098 (1/07)

4. FEI Number

20-2988101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLANO, GUILLERMO L
102 BIT CT
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

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 *Guillermo Molano* GUILLERMO MOLANO

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOLANO, GUILLERMO L	
STREET ADDRESS	102 BIT CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOLANO, MARYLIANA	
STREET ADDRESS	102 BIT CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOLANO, GUILLERMO L	
STREET ADDRESS	102 BIT CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOLANO, MARYLIANA	
STREET ADDRESS	102 BIT CT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500110173525
CITY-ST-ZIP	10/02/07--01020--016 **300.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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 with an address, with all other like empowered.

SIGNATURE:

Guillermo Molano GUILLERMO MOLANO 1-24-07 407-348-2837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #