

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 13 PM 4:14

DOCUMENT # P05000084965

1. Corporation Name

MARTINEZ & SONS TRUCKING, INC.

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

2350 Hooker's Point Road

Suite, Apt. #, etc.

3. Mailing Office Address

417 West Sugarland Hwy.

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

USA

City & State

Clewiston, FL

Zip

33440

Country

USA

000129192470  
05/13/08--01005--015 \*\*450.00

**REINSTATEMENT 05-08**

4. Date Incorporated or Qualified  
To Do Business in Florida 06/13/05

5. FEI Number  
20-2984383

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

Gumaro Martinez, Sr.

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

2350 Hooker's Point Road

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

☒ 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

*Gumaro Martinez*  
REGISTERED AGENT MUST SIGN

Date 05/07/2008

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
PST	Gumaro Martinez, Sr.	2350 Hooker's Point Road	Clewiston, FL 33440

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Gumaro Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/2008 561.261.0303

Date

Daytime Phone #

5/15/08