



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000087058</b> 1. Entity Name <b>PALMICHE TRUCKING, CORP.</b>					
Principal Place of Business <b>5123 N. SAINT VINCENT ST TAMPA, FL 33614</b>			Mailing Address <b>5123 N. SAINT VINCENT ST TAMPA, FL 33614</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>20-3017643</b>
5. Certificate of Status Desired <input type="checkbox"/>					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>GALINDO, JOSE A 5123 N SAINT VINCENT ST. TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GALINDO, JOSE A 5123 SAINT VINCENT ST. TAMPA, FL 33614</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date: <b>3/29/07</b> Daytime Phone #: <b>813-454 1550</b>		

REINSTATEMENT

06-07



40 03262007 REIN-P CR2E098 (1/07)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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