

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 4:24

DOCUMENT # P05000112197

**1. Corporation Name**

MAQUEIRA TRUCKING, INC.

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

2675 39TH AVENUE NE

Suite, Apt. #, etc.

**3. Mailing Office Address**

2675 39TH AVENUE NE

Suite, Apt. #, etc.

**City & State**

NAPLES FL

**City & State**

NAPLES FL

**Zip**

34120

**Country**

COLLIER

**Zip**

NAPLES FL 341

**Country**

COLLIER

100129192531  
05/13/08--01005--018 \*\*450.00

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified  
To Do Business in Florida** 8/12/2005

**5. FEI Number**  
13-4304260

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**

MAQUEIRA, ROBERTO

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

2675 39TH AVENUE NE

Suite, Apt. #, Etc.

**City**

NAPLES FL

**State**

FL

**Zip Code**

34120

☒ 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

Date 5/1/2008

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | MAQUEIRA, ROBERTO                    | 2675 39TH AVENUE NE                               | NAPLES FL 34120    |
| S      | DIAZ, YUDELKIS                       | 2675 39TH AVENUE NE                               | NAPLES FL 34120    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2008

Date

239-229-3039

Daytime Phone #

5/1/08