



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000127930</b> 1. Entity Name <b>ALVARISTI TRUCKING, INC.</b>						<b>FILED</b> 2007 DEC 20 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4428 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746</b>				Mailing Address <b>4428 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746</b>			
2. Principal Place of Business - No P.O. Box # <b>6983 Bently Dr</b>		3. Mailing Address <b>6983 Bently Dr</b>		 12132907 REIN.P CR2E098 (1/07) 07 <b>REINSTATEMENT</b> 4. FEI Number <b>20-3419432</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State <b>Lakeland FL</b>		City & State <b>Lakeland FL</b>					
Zip <b>33809</b>		Country <b>POK</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>ALVAREZ, LUIS FELIPE 4428 PHALADELPHIA CIRCLE KISSIMMEE, FL 34746</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ALVAREZ, LUIS</b> <b>4428 PHILADELPHIA CIRCLE</b> <b>KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>Alvarez, Luis</b> <b>6983 Bently Dr</b> <b>Lakeland FL 33809</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>ARISTIZBAL, ALEXANDRA</b> <b>4428 PHILADELPHIA CR</b> <b>KISSIMMEE, FL 34746</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>500113298725</b>  <b>12/20/07--01009--007 **150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE: Luis Alvarez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>12-11-07 407 709 1932</b> <small>Date Daytime Phone #</small>			

B. Michael DEC 20 2007