

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 11 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P050 00136830**

1. Corporation Name

JD-Ash Trucking, Inc.

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

745 NE 155 ST

Suite, Apt. #, etc.

3. Mailing Office Address

745 NE 155 ST

Suite, Apt. #, etc.

City & State

North miami beach, FL

City & State

N. MIAMI, FL

Zip

33162

Country

U.S.A

Zip

33162

Country

USA

7. Name and Address of Current Registered Agent

Name

Alexandra Pierre

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

745 NE 155 ST

Suite, Apt. #, Etc.

City

N. miami beach, FL

State

FL

Zip Code

33162

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

42-1680350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

REGISTERED AGENT MUST SIGN

Date

12/29/07

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
President	Jean Pierre	745 NE 155 ST	N. MIAMI BEACH, FL 33162
V-Pres	Alexandra Pierre	745 NE 155 ST	N. MIAMI BEACH, FL 33162
Treasurer	Carine St. Pierre	745 NE 155 ST	N. MIAMI BEACH, FL 33162
Secretary	Alexandra Pierre	745 NE 155 ST	N. MIAMI BEACH, FL 33162

REINSTATEMENT

06+07

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: **Alexandra Pierre**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/29/07** 305 303-4831
Daytime Phone #