

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 15 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



09/19/07 01044 001 \$150.00
09142097 REIN-P CR2E098 (1/07)

DOCUMENT # P05000152144

1. Entity Name
LA LLAVE TRUCKING, CORP.



Principal Place of Business
**9837 W OKEECHOBEE RD, #101
HIALEAH GARDENS, FL 33016**

Mailing Address
**9837 W OKEECHOBEE RD, #101
HIALEAH GARDENS, FL 33016**

2. Principal Place of Business - No P.O. Box #
#101

3. Mailing Address
Suite, Apt. #, etc.
#101
City & State
City
State
Zip
Country

4. FEI Number
20-3796238

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GARCIA, LOURDES M
9837 W OKEECHOBEE RD, #101
HIALEAH GARDENS, FL 33016**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
#101
City
State
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	GARCIA, LOURDES M	9837 W OKEECHOBEE RD, #101	HIALEAH GARDENS, FL 33016	<input type="checkbox"/>
V	GARCIA MARQUEZ, DAMIAN	9837 W OKEECHOBEE RD	HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Loures Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____