


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000157890		
1. Entity Name LEVY TRUCKING OF CENTRAL FLORIDA INC		

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 20 AM 8:22

Principal Place of Business 3110 SEABROOK AVENUE ORLANDO, FL 32805 US	Mailing Address 3110 SEABROOK AVENUE ORLANDO, FL 32805 US
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REINSTATEMENT 06



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10072006 REIN-P CR2E098 (11/05)

4. FEI Number  
20-3892225  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  LEVY, CLAIREMONTE 3110 SEABROOK AVENUE ORLANDO, FL 32808	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 ClairemonTE Levy DATE 10/17/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LEVY, CLAIREMONTE 3110 SEABROOK AVENUE ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081084722 10/20/06--01065--011 **158.75
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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: ClairemonTE Levy DATE 10/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #