

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

10 JUL 16 PM 3:05

DOCUMENT # P06000029818

1. Corporation Name

LEO & SONS TRUCKING CORP

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

6014 JOHNS ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33634

Country

Zip

Country

500183366495

07/16/10--01039--006 **1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **02/28/2006**

5. FEI Number

204400423

☐ 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

VARGAS, DRAUDECIO E

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

6014 JOHNS ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33634

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

D. Vargas

Date **07/15/2010**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VARGAS, DRAUDECIO E	6014 JOHNS ROAD	TAMPA, FL 33634

REINSTATEMENT

10. E-mail Address: **KATLEON@BELLSOUTH.NET**

(To be used for future annual report notification)

11. 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. I further certify, 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:

D. Vargas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/15/2010

Date

813-843-1243

Daytime Phone #