

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 10 PM 4:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000076346

1. Corporation Name

S Reyes Trucking Corp.

000181951560
06/10/10--01026--015 **1050.00

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

4276 Sw 153 Place

3. Mailing Office Address

4276 Sw 153 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2B081 (6/10)

City & State

Miami, FL

City & State

Miami, FL

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2006

5. FEI Number

20-4988251

Applied For

Not Applicable

Zip

33185

Country

US

Zip

33185

Country

US

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra I Reyes

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

4276 Sw 153 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

Date 06/4/2010

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	Sandra I Reyes	276 Sw 153 Place	Miami, FL 33185

B 6/11/10
05-10
REINSTATEMENT

10. E-mail Address: dduron@simplexgroup.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:

[Handwritten Signature]

06/4/2010

7862901049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #