

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000091870

1. Corporation Name

ROJAS TRUCKING INC

REINSTATEMENT 08-09

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

6485 W 27 AVE

3. Mailing Office Address

P.O.BOX 160765

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

HIALEAH

Zip

33016

Country

MIAMI DADE

Zip

FL

Country

33016

300161647633
10/13/09--01033--009 **300.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2006

5. FEI Number
20-5181661

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

MAIKEL G ROJAS

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

6485 W 27 AVE

Suite, Apt. #, Etc.

12

City

HIALEAH

State

FL

Zip Code

33016

☒ 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 10/7/2009

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	MAIKEL G ROJAS	6485 W 27 AVE	HIALEAH FL , 33016

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10/07/2009

Date

786 877-4113

Daytime Phone #