
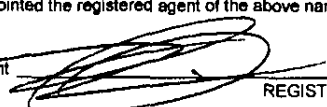
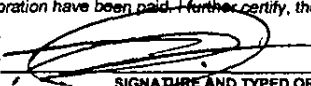


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2010 MAY 14 AM 8:48	
DOCUMENT # P06000125554					
1. Corporation Name LC1 TRUCKING CORP <div style="text-align: right;">01-16468</div>					
2. Principal Office Address - No P.O. Box # 2993 W 80TH STREET Suite, Apt. #, etc. 30 City & State HIALEAH, FL Zip 33018 Country DADE		3. Mailing Office Address 2993 W 80TH STREET Suite, Apt. #, etc. 30 City & State HIALEAH, FL Zip 33018 Country DADE		4. Date Incorporated or Qualified To Do Business in Florida 09/29/06 5. FEI Number 20-0585609 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name LUIS PALMA Street Address (P.O. Box Number is Not Acceptable) 2993 W 80TH STREET Suite, Apt. #, Etc. 30 City HIALEAH, FL State FL Zip Code 33018				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 _____ 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	LUIS PALMA	2993 W 80TH STREET		HIALEAH, FL 33018	
V	CARMEN ACOSTA	2993 W 80TH STREET		HIALEAH, FL 33018	
10. E-mail Address: ACOSTA8300@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:  LUIS PALMA 03/29/10 786-370-9516 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

May 14 2010