2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P07000001218** 1. Entity Name 08 SEP 30 PM 12: 57 BARILLAS TRUCKING CORP. SECRETARY OF STATE Principal Place of Business Mailing Address 5228 SHEPARD LANE 5228 SHEPARD LANE US POLK CITY, FL 33868 US POLK CITY, FL 33868 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P CR2E098 (1/07) 09302008 4. FEI Number City & State City & State Applied For Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARILLAS, MARCO A Street Address (P.O. Box Number is Not Acceptable) 5228 SHEPARD LANE POLK CITY, FL 33868 City Zip Code FL 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. 9-30-08 FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Defete TITLE vice President Change ☐ Addition BARILLAS, MARCO A NAME NAME 5228 SHEPARD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POLK CITY, FL 33868 CITY-ST-ZIP -44 President ■ Addition TITLE ☐ Delete TITLE Change **ESCAMILLA, NATALIE** NAME NAME 5228 SHEPPARD LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP POLK CITY, FL 33868 CITY-ST-7IP ☐ Delete 800136894038 ⁰ 10/14/03--01007--006 **150.00 ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 att (863)