

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PM 1:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000037490

1. Corporation Name

J & G TRUCKING OF PORT ST. LUCIE CORP.

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

1622 SW BELLEVUE AVE

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

Zip

34953

Country

ST LUCIE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/2007

5. FEI Number

26-1147162

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

JOSE S GONZALEZ

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

1622 SW BELLEVUE AVE

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34953

☒ 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 **01/29/2020**

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	JOSE S GONZALEZ	1622 SW BELLEVUE AVE	PORT ST LUCIE FL 34953

10. E-mail Address: **ZTOLEDO@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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/2010 305 798-2190

Date

Daytime Phone #