

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 10 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000092173

1. Corporation Name

RED EAGLE TRUCKING, INC.

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

7001 W 35 AVENUE

3. Mailing Office Address

7001 W 35 AVENUE

Suite, Apt. #, etc.

268

Suite, Apt. #, etc.

268

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

700184170257
08/09/10--01061--004 **1050.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2007

5. FEI Number
26-0730187

☐ 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

SURAMY REYES

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

7001 W 35 AVENUE

Suite, Apt. #, Etc.

268

City

HIALEAH

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

REGISTERED AGENT MUST SIGN

Date **8/02/2010**

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	SURAMY REYES	7001 W 35 AVENUE#268	MIAMI, FL 33018

REINSTATEMENT

RH

10. E-mail Address:

(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

8/02/2010

Date

786-439-8942

Daytime Phone #