

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUN 21 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000133231  
1. Corporation Name Roman Simon Trucking Inc.

2. Principal Office Address - No P.O. Box # <u>18803 Litzau Lane</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>18803 Litzau Lane</u> Suite, Apt. #, etc.	
City & State <u>Land O Lakes, FL</u>		City & State <u>Land O Lakes, FL</u>	
Zip <u>34638</u>	Country <u>Pasco</u>	Zip <u>34638</u>	Country <u>Pasco</u>

400182422514  
06/21/10--01060--024 \*\*500.00  
REINSTATEMENT 09-10  
4. Date Incorporated or Qualified To Do Business in Florida 01/02/2008  
5. FEI Number 26-1958570  Applied For  Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Roman Simon  
Street Address (P.O. Box Number is Not Acceptable)  
18803 Litzau Lane  
Suite, Apt. #, Etc.  
City Land O Lakes State FL Zip Code 34638

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.  
400182422514  
06/21/10--01060--025 \*\*250.00

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 [Signature] Date 6/14/10  
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
<u>S/M</u>	<u>Lana Jenkins</u>	<u>14503 Highland Hills PL</u>	<u>Tampa, FL 33625</u>
<u>P</u>	<u>Roman Simon</u>	<u>18803 Litzau Lane</u>	<u>Land O Lakes, FL 34638</u>

400182422514  
06/21/10--01060--025 \*\*150.00  
6/12

10. E-mail Address: Accessibletowin@aol.com  
(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] Roman Simon Date 6/14/10 Daytime Phone # 813-784-9841