

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

09 SEP 28 PM 1:34

DOCUMENT # P08000026752

1. Corporation Name

TJA TRUCKING

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

15786 SW 26th ST

Suite, Apt. #, etc.

3. Mailing Office Address

7020 SW 5th Court

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Pembroke Pines FL

Zip

33027

Country

USA

Zip

33023

Country

USA

REINSTATEMENT

(12/08)

2009

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEIN Number

26-2180609

☐ 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

TAVAREZ, Alex

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

15786 SW 26th ST

Suite, Apt. #, etc.

City

Miramar FL, 33027

State

FL

☒ 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

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
Pres	TAVAREZ, Alex	15786 SW 26 th ST	MIRAMAR FL 33027

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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

Sept 25, 09

954 665 6288

Date

Daytime Phone #

**TJA TRUCKING
15786 S.W. 26TH STREET
MIRAMAR FL 33027**

September 16, 2009

To Whom It May Concern:

I Alex Tavaréz was unaware that my check had bounce, and therefore my corporation was dissolved. I did not receive the notice if this incident. Please waive my reinstatement fee. Enclose with this letter is a cashers check of 165, 150 for the department of state, and 15 for the fee the bank had charged you. Please give me a call if there are any problems (954) 993-9110 thank you.



Alex Tavaréz
President