

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000065311

**FILED**  
**Oct 16, 2014**  
**Secretary of State**

**Entity Name:** O & G HAULING SERVICES CORP

**Current Principal Place of Business:**

1649 NE AVE K  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

1649 NE AVE K  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

**FEI Number:** 46-3371056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JC TAX SOLUTIONS CORP  
1100 N MAIN ST  
103  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** JORGE R CARO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P,VP  
**Name:** MACHADO LAZARO, OSMEL  
**Address:** 1649 NE AVE K  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** T  
**Name:** MACHADO LAZARO, OSMEL  
**Address:** 1649 NE AVE K  
**City-St-Zip:** BELLE GLADE, FL 33430 US

**Title:** S  
**Name:** TORRES, GEIDY  
**Address:** 1649 NE AVE K  
**City-St-Zip:** BELLE GLADE, FL 33430 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** OSMEL MACHADO LAZARO

P

10/16/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date