PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2019 MAR -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000053069

1 Corporation Name

Jayden ~~Hauling~~ Inc.
Logistics,

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
13843 SW 160 TR	13843 SW 160 TR
State, Apt. #, etc.	State, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL 3
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4 Date Incorporated or Qualified To Do Business in Florida

5 FEI Number: 47139350 Applied For / Not Applicable

6 CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent

Name: Alberto Piedra

Street Address (P.O. Box Number is Not Acceptable): 13843 SW 160 TR

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33177

REI - 2015-2019

3/1/19

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: _____ Date: 2/26/2019

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
P	Alberto Piedra	13843 SW 160	TR
		Miami, FL	33177

10 E-mail Address: alberto115@msn.com
(To be used for future annual report notification)

11 I certify that I am an officer or director of 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., and 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; I further acknowledge that a separate false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Alberto Piedra 2/26/2019 7868636937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #