

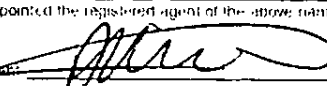
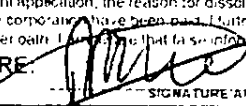
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2019 MAR -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA41013210110704
03/07/19--010022--003 \$1350.00

FEB 2019 (11/11)

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 # 13843 SW 160 TR State Apt # etc		3 Mailing Office Address 13843 SW 160 TR State Apt # etc	
City & State Miami FL Zip 33177 Country USA		City & State Miami FL 3 Zip 33177 Country USA	
4 Date incorporated or Qualified To Do Business in Florida			
5 FET Number 471139350		Applied For No 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			
City Miami State FL Zip Code 33177			
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)			
Title	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 notifications)			
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., 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 declare that this 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/26/2019	
		7868636937	