PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 OCT 13 AM 8:31

DOCUMENT # P17000088564

1. Corporation Name
VG TRUCKING CORP

000850085620
06/10/20--01043--004 **100.00

2. Principal Office Address - No P O Box #	3. Mailing Office Address
4052 SW 154 CT	4052 SW 154CT
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33185 Country: US	Zip: 33185 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/2/2017

5. FEI Number: 82-3308435 (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: VLADIMIR GOVEA

Street Address (P O Box Number is Not Acceptable): 4052 SW 154 CT

Suite, Apt #, Etc

City: MIAMI State: FL Zip Code: 33185

SEP 28 2020
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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: 8/4/20
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	VLADIMIR GOVEA	4052 SW 154 CT	MIAMI FL 33185
		REINSTATEMENT	
		2018-2020	

E-mail Address: M.VAZQUEZ.06@hotmail.com
(To be used for future annual report notification)

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 am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155 F S

SIGNATURE: [signature] 8/4/20 305-525-2496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #