

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036819**

1. Corporation Name

VERONA TRUCKING CORP.

2. Principal Office Address

1522 NW 157 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1522 NW 157 Ave.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028-1691

Country

Broward

City & State

Pembroke Pines, FL

Zip

33028-1691

Country

Broward

REINSTATEMENT

96-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/1993

5. FEI Number

65-0417355

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

Dalmacio I. Sanchez

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

1522 NW 157 Avenue

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip

33028-1691

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]

REGISTERED AGENT MUST SIGN

Date

2/23/01

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.	Dalmacio I. Sanchez	1522 NW 157 Ave.	Pembroke Pines, FL 33028
VPres.	Lidia M. Sanchez	1522 NW 157 Ave.	Pembroke Pines, FL 33028

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 under section 119.07(3)(i), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dalmacio Sanchez

Date

(954) 433-3601

Daytime Phone #

CR2E081 (9/00)