

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

Division of Corporations

DOCUMENT # P93000064512

1. Corporation Name

J. CH. TRUCKING CORP.

Principal Place of Business

Marketing Address

8263 NW 56 St., Miami, FL 33166

If above addresses are incorrect in any way, the filer should correct them and attach a separate sheet.

2. New Principal Office Address, if Applicable

3. New Marketing Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (If not known, the filer should attach a separate sheet.)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

P/D Saico Chitiva

8201 NW 64 St. Bldg Miami, FL 33166

8. Name and Address of Current Registered Agent

Saico Chitiva  
8201 NW 64 St. Box 4  
Miami, FL 33166

9. Name and Address of Registered Agent

10. I, being appointed, the registered agent of the above named corporation, do hereby certify that I am qualified to receive service of process on behalf of the corporation.

Signature of  
Registered Agent

REGISTERED AGENT NAME SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. I do hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I understand that if I fail to provide true and correct information, I may be liable for penalties and fines. I also understand that if I fail to provide true and correct information, I may be liable for the costs of this reinstatement application. The reason for dissolution has been filed with the corporation's records and the corporation has been paid. The information included in this application and the information included in the corporation's records are true and correct to the best of my knowledge and belief. I understand that if I fail to provide true and correct information, I may be liable for penalties and fines. I also understand that if I fail to provide true and correct information, I may be liable for the costs of this reinstatement application.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT FOR THE CORPORATION

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

document no. 129300022611512

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR 665 TO COVER THIS YEARS  
96-99 ANNUAL REPORT. I NEVER RECIEVED THE ANNUAL REPORT FORM DO TO  
A CHANGE OF MAILING AND PRINCIPAL ADDRESS. I DID NOTIFY YOUR OFFICE  
OF THIS CHANGE. PLEASE ACCEPT THIS CHECK TO COVER THE 1998 ANNUAL  
REPORT. IF YOU SHOULD HAVE ANY QUESTION DON'T HESITATE TO CONTACT ME  
AND THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION.

CORDIALLY YOURS,

*Steve Chivice*  
PRESIDENT

59 JUN 15 PM 4:53  
RECEIVED  
TALLAHASSEE, FL 32314