

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JUN 25 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P95000000967

1. Corporation Name
G.E.N. TRUCKING & EQUIPMENT, INC

Principal Place of Business Mailing Address
**1857 N.E. 186th ST.
 N. MIAMI BEACH, FL 33179**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt #, etc.		01/03/1995	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/ S/D	NIR, ERAN	1857 NE 186 ST.	N. Miami Beach, FL 33179
			000002925440--6 -07/07/99--01071--008 ****665.00 ****665.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NIR, ERAN 1857 NE 186 ST. N. Miami Beach, FL 33179		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt #, Etc	
		City	State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Eran Nir* REGISTERED AGENT MUST SIGN Date _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Eran Nir* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____