

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018858

1. Corporation Name

K.Z. Trucking, Inc.

JUL -5 PM 3:05

900331757219
07/08/19--01035--002 **1050.00

2. Principal Office Address - No P.O. Box #

1337 Bonaventure Dr

Suite, Apt. #, etc.

N/A

City & State

Melbourne, FL

Zip

32940

Country

3. Mailing Office Address

1337 Bonaventure Dr

Suite, Apt. #, etc.

N/A

City & State

Melbourne, FL

Zip

32940

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 8, 1995

5. FEI Number

65-0566976

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

Miguel Zulon

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

6212 High Tide Blvd

Suite, Apt. #, Etc.

N/A

City

Jacksonville

State

FL

Zip Code

32258

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

Miguel Zulon

REGISTERED AGENT MUST SIGN

Date 02/21/19

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
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

10. E-mail Address: zulon01@gmail.com

(To be used for future annual report notification)

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 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:

Miguel Zulon Miguel Zulon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/19

Date

Daytime Phone #

321-474-4858