

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. McManam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000040888**

1. Corporation Name

INTERSCOPE TRUCKING, INC.

FILED
97 JAN -6 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8241 DUNDEE TERR
MIAMI LAKES FL 33016

Mailing Address

8241 DUNDEE TERR
MIAMI LAKES FL 33016

change of add

new add.

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

2. New Principal Office Address, If Applicable

5121 S.W. 178 Ave

Suite, Apt. #, etc.

Ft. Lauderdale Fla.

City & State

Zip 33331 Country U.S.A

3. New Mailing Office Address, If Applicable

5106 SW 198th Ave

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Fla

Zip 33332 Country B.R.O.

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1995

5. FEI Number

65-0610689

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$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
D	CALVEIRO, LUIS	8241 DUNDEE TERR	MIAMI LAKES FL 33016

800002054018--5
-01/10/97-01066-005
****585.00 ****585.00

8. Name and Address of Current Registered Agent

CALVEIRO, LUIS
8241 DUNDEE TERR
MIAMI LAKES FL 33016

CALVEIRO LUIS
5106 SW 198th Ave
Ft Lauderdale
33332

9. Name and Address of New Registered Agent

Name CALVEIRO LUIS
Street Address (P.O. Box Number is Not Acceptable)
5106 SW 198th Ave
Suite, Apt. #, Etc.
City Ft Lauderdale
State FL Zip Code 33332

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

Luis Calveiro

REGISTERED AGENT MUST SIGN

Date 1-5-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Luis Calveiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-96

Date Daytime Phone #

1-954-434-2693