

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000075242**

1. Corporation Name

Maria's Trucking, Inc.

2. Principal Office Address

48 Meadow Way

Suite, Apt. #, etc.

City & State

Frostproof, FL

Zip

Country

33843

3. Mailing Office Address

203 South Seventh Avenue

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

Country

33873

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 29, 1995

5. FEI Number

59-3336481

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

Michael D. Manley

100003245141-0

-05/09/00--01099--020

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

203 South Seventh Avenue

*****1350.00 ***1350.00**

100003245141-0

Suite, Apt. #, Etc.

-05/09/00--01099--021

*******8.75 *****8.75**

City

Wauchula

State

FL

Zip Code

33873

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]

Date **5-1-00**

REGISTERED AGENT MUST SIGN

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	Maria V. Gracia	48 Meadow Way	Frostproof, FL. 33843
V.P.	Michael D. Manley	203 South Seventh Avenue	Wauchula, FL. 33873
Sec. Treas.	Jose M. Gracia	48 Meadow Way	Frostproof, FL. 33843

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

863-773-6768

Daytime Phone #

CR2E081 (3/99)