

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE - FLORIDA

DOCUMENT # **P95000075242**

1. Corporation Name

MARIA'S TRUCKING, INC.

Principal Place of Business

48 MEADOWWAY AVENUE
FROSTPROOF FL 33843

Mailing Address

203 SOUTH SEVENTH AVENUE
WAUCHULA FL 33873

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1995

5. FEI Number

59-3336481

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

500024491275

11/07/03--01001--003 **750.00

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

1 Title (a)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRACIA, MARIA V	48 MEADOW WAY	FROSTPROOF FL 33843
VP	MANLEY, MICHAEL D	203 SOUTH SEVENTH AVENUE	WAUCHULA FL 33873
ST	GRACIA, JOSE M	48 MEADOW WAY	FROSTPROOF FL 33843

8. Name and Address of Current Registered Agent

MANLEY, MICHAEL D
203 SOUTH SEVENTH AVENUE
WAUCHULA FL 33873

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/3/03

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., 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:

Manley, Michael D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-03

Daytime Phone #

863 285-9996

CR2E040 (7/03)