

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC 12 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082602**

1. Corporation Name

K. A. TRUCKING, INC.

Principal Place of Business

Mailing Address

~~6813 SW 35TH COURT~~
HOLLYWOOD FL 33023

~~6813 SW 35TH COURT~~
HOLLYWOOD FL 33023



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. 6813 SW 35 CT		Suite, Apt. #, etc. 6813 SW 35 CT		10/25/1995	
City & State MIRAMAR FLA		City & State MIRAMAR FLA		5. FEI Number 65-0636732	
Zip 33023		Country USA		Applied For Not Applicable	
Zip 33023		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 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	ALBERGA, KENNETH	6813 SW 35TH CT	HOLLYWOOD FL 33023

100002035591--2
-12/20/96--01108--017
***375.00 ***375.00

REINSTATEMENT *all filed 12/12/96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALBERGA, KENNETH 6813 SW 35TH COURT HOLLYWOOD FL 33023		Name <i>N/A.</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: *Kenneth Alberga* REGISTERED AGENT MUST SIGN Date: *9/26/96*

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)(f), 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: *Kenneth Alberga* **ED** Date: *9/26/96* (305) 3139464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20040 (7/96)