

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -2 PM 12:55

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000042456**

1. Corporation Name

**Fort Myers Trucking Land Investment
Corporation, Inc.**

600005492296--2
-05/08/02--01059--004
***1500.00 ***1500.00

2. Principal Office Address

944 Country Club Blvd.

3. Mailing Office Address

PO Box 150576

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33990

Country

USA

Zip

33915

Country

USA

REINSTATEMENT 97-02

4. Date Incorporated or Qualified
To Do Business in Florida

May 17, 1996

5. FEI Number

☒ 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

Manuel N. Criollo

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

944 Country Club Blvd

Suite, Apt. #, Etc.

Suite 106

City

Cape Coral

State

FL

Zip Code

33990

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

Manuel J. Criollo

REGISTERED AGENT MUST SIGN

Date

4/30/02

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 |
|--------|--------------------------------------|---|----------------------|
| P | Verdell L. Parent | PO BOX 1050576 | Cape Coral, FL 33915 |
| ✓ | Manuel N. Criollo | PO BOX 150576 | Cape Coral, FL 33915 |
| ✓ | Manuel J. Criollo | PO BOX 150576 | Cape Coral, FL 33915 |
| T | Rafael Calderon | PO BOX 150576 | Cape Coral, FL 33915 |
| S | Joselin Calderon | PO BOX 150576 | Cape Coral, FL 33915 |
| | | | |

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

SIGNATURE:

Manuel J. Criollo **MANUEL J. Criollo**

Date

4/30/02

Daytime Phone #

CR2E081 (9/01)