

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050486

1. Corporation Name

LEONZI JONES TRUCKING INC.

Principal Place of Business

8500 B. W 22ND AVENUE
MIAMI FL 33142

Mailing Address

8500 B. W 22ND AVENUE
MIAMI FL 33142

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

06/13/1996

5. FEI Number

65-0683717

Applied For

Not Applicable

6. 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	4. City / State / Zip
P	JONES, LEONZI	8500 N.W. 22 AVENUE	MIAMI FL 33142
S	JONES, FLONNIE	8500 N.W. 22ND AVENUE	MIAMI FL 33142

800003046319--5
-11/16/99--01095--004
****150.00 ****150.00
SP

8. Name and Address of Current Registered Agent

JONES, LEONZI
8500 W 22ND AVENUE
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

MIAMI

FL

33142

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

Leonzi Jones
REGISTERED AGENT MUST SIGN

Date

10/26/99

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:

Flonnie Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/99

Daytime Phone #

CR2040 (9/99)

10/20/99

To: Division of Corporations
Subject: LEONZI JONES TRUCKING INC.

AS per conversation with your department on 10/26/99 enclosed please find our Reinstatement form with the ORIGINAL \$150⁰⁰ fee, due because you had the wrong address we never received the first or second annual reports.
Excuse us for any inconvenience we may have caused.

LEONZI JONES TRUCKING INC.

LEONZI JONES PRESIDENT

X Leonzi Jones
Sincerely yours