

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050486

1. Corporation Name

LEONZIE JONES TRUCKING INC.

2. Principal Office Address

8500 N.W. 22nd AVE

Suite, Apt. #, etc.

City & State

MIAMI - FLA

Zip

33142

Country

DOOE

3. Mailing Office Address

8500 N.W. 22nd AVE

Suite, Apt. #, etc.

City & State

MIAMI - FLA

Zip

33142

Country

U.S.A

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-05/09/02--01003--010

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0683 717

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

LEONZIE JONES

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

8500 N.W. 22nd AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

X Leonzie Jones

Date

04/19/02

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
P, T	LEONZIE JONES	8500 N.W. 22 nd AVE	MIAMI - FLA 33142
S	FLONNIE JONES	8500 N.W. 22 nd AVE	MIAMI - FLA 33142

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:

X Leonzie Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/19/02

Daytime Phone #

CR2E081 (9/01)

ACCOUNTANT & MANAGEMENT, INC.

3899 N.W. 7th Street, Suite 203, Miami, FL 33126

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

04/19/02

To: Division of Corporations

Subject: LEONZIE JONES TRUCKING INC.
Annual Report 2001/2002

As per our conversation that we never received the annual report for our corporation for the year 2001, we are enclosing the reinstatement form and a check for \$ 200⁰⁰, per your instructions, to pay both fees 2001 and 2002 and our corporation will be reinstated.

Sorry for any inconvenience this could have caused

Sincerely yours
Leonzie Jones
LEONZIE JONES TRUCKING INC.