

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96 0000 50486

1. Corporation Name

LEONZIE JONES TRUCKING INC. -

2. Principal Office Address

20030 N.E 21 AVE

3. Mailing Office Address

20030 N.E 21 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FLA

City & State

NORTH MIAMI BEACH - FLA

Zip

33179

Country

USA -

Zip

33179

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

LEONZIE JONES

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

20030 N.E 21 AVENUE

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State
FL

Zip Code

33179

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. Florrie M. Jones

REGISTERED AGENT MUST SIGN

Date

12/01/2003

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
<u>PT</u>	<u>LEONZIE JONES</u>	<u>20030 N.E 21 AVENUE</u>	<u>N. H. B - FL 33179</u>
<u>S</u>	<u>FLORRIE JONES</u>	<u>20030 N.E 21 AVENUE</u>	<u>N. H. B - FL 33179</u>

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. Florrie M. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/2003

Date

Daytime Phone #

CR2E081 (10/02)

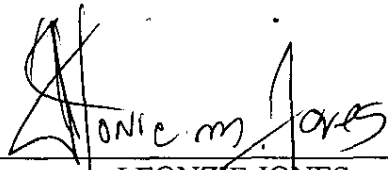
12/01/2003

**TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**SUBJECT: ANNUAL REPORT
REINSTATEMENT 2003**

AS PER OUR CONVERSATION ON 12/01/2003 IN WHICH I TOLD YOU
THAT I NEVER RECEIVED MY 2003 SUBMISSION OR THE FIRST OR SECOND
ONE DUE YOU HAD MY WRONG ADDRESS. INCLUDE PLEASE FIND MY
REINSTATEMENT REPORT WITH THE ORIGINAL FEE OF \$ 150.00 AS
DISCUSSED THE PENALTY WILL BE WAIVED.

SINCERELY YOURS.


LEONZIE JONES
PRESIDENT