

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081301**

1. Corporation Name

**AMBER TRUCKING INC.**

Principal Place of Business

Mailing Address

1543 CROSSVINE COURT  
NEW PORT RICHEY FL 34655

1543 CROSSVINE COURT  
NEW PORT RICHEY FL 34655

REINSTATEMENT



600025191006

12/03/03--01034--028 \*\*150.00

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

10/02/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3403417

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KOSIOR, WALDEMAR	1814 VERMONT DR	ELK GROVE VILLAGE IL 60007
VP	SZOSTEK, GRAZYNA	1814 VERMONT DR	ELK GROVE VILLAGE IL 60007

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALDEMAR, KOSIOR  
1543 CROSSVINE CT  
NEW PORT RICHEY FL 34655

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Waldemar Kosior*

Date 10-15-03

REGISTERED AGENT MUST SIGN

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:

*Waldemar Kosior* KOSIOR WALDEMAR 10-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

November 3, 2003

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Amber Trucking, Inc.  
Doc.#-P96000081301

To whom it may concern:

Please be advised that I did not receive my annual report for my corporation, Amber Trucking, Inc. until, I revied a notice from the Secretary of State of my corporation being dissolved. At this time, I'm attaching my application for reinstatement and check in the amount of \$150.00, as requested.

Sincerely,

Waldemar Kosior, President

