

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000005340

FILED
Nov 25, 2009
Secretary of State

Entity Name: MANNY & SONS TRUCKING CORP.

Current Principal Place of Business:

4000 NORTHEAST 3 AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4000 NORTHEAST 3 AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 65-0720874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, MANOEL M
4000 NORTHEAST 3 AVE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MANUEL M DA SILVA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DA SILVA, MANOEL M
Address: 4000 NORTHEAST 3 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VSD () Delete
Name: DA SILVA, VIRGINIA R
Address: 4000 NORTHEAST 3 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: T () Delete
Name: DA SILVA, MANOEL M
Address: 4000 NORTHEAST 3 AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL M DA SILVA

PD

11/25/2009

Electronic Signature of Signing Officer or Director

Date