

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC 14 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000011907

1. Corporation Name

TRUCKING LOGISTICS INC.

Principal Place of Business

Mailing Address

2650 NW 75th AVE.

MIAMI FL 33122

300003523963--8

-01/04/01--01103--007

****750.00 ****750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME AS ABOVE

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB-6th-1997

5. FEI Number

65-0731171

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Javier Torrens	1695 Osprey Blvd	Weston FL 33327
Vice-President	Paula Ditz	2650 NW 75 th AVE	MIAMI FL 33122

REINSTATEMENT 2000
[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Javier Torrens

Name

Javier Torrens

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

1695 Osprey Blvd

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

REGISTERED AGENT MUST SIGN

Date

12/13/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAVIER TORRENS

Date

12/13/00

Daytime Phone #

305-216-2080

CR2E061 (12/98)