

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1999 AUG -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000021305

1. Corporation Name
JJ & D TRUCKING, INC.

Principal Place of Business Mailing Address

**6608 N.W. 82ND AVENUE
MIAMI, FLORIDA 33166** "SAME"

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

REINSTATEMENT

98-900

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	03-10-1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0733763
City & State	City & State	Applied For	<input type="checkbox"/>
Zip	Country	Not Applicable	<input type="checkbox"/>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LUIS POSADA	1208 MARIANA AVE.	CORAL GABLES, FL 33134
D	SILVIA TORRES	6514 S.W. 78TH PLACE	MIAMI, FL 33183
			200002959652--3 -08/13/99--01094--014 ****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LUIS E. POSADA 1208 MARIANA AVENUE CORAL GABLES, FL 33134	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State 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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: **7/26/99**

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: **LUIS E. POSADA** 7/26/99 (205) 477-8015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE081 (12/98)