

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 13 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

19700005/487

1. Corporation Name

ROBERTO TRUCKING OF FLORIDA INC

2. Principal Office Address

6301 NE 4th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33138

Country

DADE

Zip

Country

900040376379

08/20/04--01088--005 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 11 1997

5. FEI Number

65-0760931

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

HERNANDEZ CARLOS F

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

1661 SW 19 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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

Carlos Hernandez

Date

8/11/04

REGISTERED AGENT MUST SIGN

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
DP	ROBERTO J AZUCAR	6075 STRAWBERRY FIELDS	LAKE WORTH FL 33463
ST	LUCY R GALDAMEZ	6301 NE 4 AVE	MIAMI FL 33138

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:

Roberto Azucar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04

Date

305 796-6815

Daytime Phone #

CR2E081 (01/04)

AUGUST 11 2004

TO DEPT OF STATE

FROM:ROBERTO TRUCKING OF FL. INC

PLEASE WAIVE LATE FEE AS I DID NOT RECIEVE THE LETTER THAT
YOUR OFFICE MAILED OUT TO ME. I DID MAIL \$550.00 FOR 2001.
ATTACHED FIND CHECK TO COVER 2002, 2003 AND 2004.

THANK YOU

THANK YOU FOR YOUR HELP


ROBERTO AZUCAR