

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 25 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000106558

**1. Corporation Name**

P97000106558  
T & L TRUCKING INC

**2. Principal Office Address**

14130 NW 1ST AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-05

MRD

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-18-1997

**5. FEI Number**

650814690

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

MANUEL A PONCE

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

14130 NW 1 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

**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

Manuel A. Ponce

REGISTERED AGENT MUST SIGN

Date 2-23-05

**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
D	MANUEL A PONCE	14130 NW 1 AVE	MIAMI, FL 33168
D	LAURA C PONCE	14130 NW 1 AVE	MIAMI, FL 33168

**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:**

Manuel A. Ponce

MANUEL A. PONCE 2-23-05

Date

305-685-3541

Daytime Phone #