PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT	FLORIDA DEPARMENT OF STATE Secretary of State DIVISION OF CORPORATIONS JUDICIO 2001	Z FILED OLAPR-9 PH 3: 12
DOCUMENT # P98000006844 1. Corporation Name Up lesener Trucking Inc.		OLAPR-9 PH STATE SECRETARY OF FLORIDA TALLAHASSEE, FLORIDA
A.		REMSTATEMENT OQ - SY
2. Principal Office Address 1831 SW Fears Avc	3. Mailing Office Address 1831 SW Fears Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc. N/A	4. Date Incorporated or Qualified To Do Business in Florida . 1 - 20 - 98
Brt St. Lucie, Fl	Bort St. Lucie; FL	5. FEI Number Applied For Not Applicable
34953 Country	34953 Country	CERTIFICATE OF STATUS DESIRED (DV \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Luther	Wiesener	
Street Address (P.O. Box Number is Not Acceptable) 1831 SW FEAVS AVC		
Suite, Apt. W, Ed./		
Fort St Lucie F		State Zip Code FL 34953
Signature of	ove named corporation, am tamiliar with and accept the of	bligations of section 607.0505 or 617.0603, F.S. Date 3 ~ 2.5 ~ 0.4
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 Director	Street Address of Eacl officer and/or Directo	th City / State / Zip
D Lutter Wies	ener 1831 SW Fear	s Ave 1817 St. Lucie Fl 34953
	<u> </u>	
	Company of the compan	600031368626
		600031368626
		04/12/0401044008 **150.00
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 filling 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 quality 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: L.E. WHEN EXIC WIESENER 3-25-84 561-436-799 J SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Dayling Phone #		

