

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027741

1. Corporation Name

O. & P. TRUCK SERVICES, INC.

Principal Place of Business

2180 SW 10 CT
MIAMI FL 33135

Mailing Address

337 NW 25TH COURT
MIAMI FL 33142

— NEW ADDRESS —



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2180 SW 10 ST

City & State

MIAMI, FL

Zip

33135

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2180 SW 10 ST

City & State

MIAMI-FL

Zip

33135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1998

5. FEI Number

65-0822383

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PELEGRINO, ORQUIDES	2180 SW 10 ST	MIAMI FL 33135
			200003449092--8 -11/02/00--01078--010 ****750.00 ****750.00

REINSTATEMENT 00 78

8. Name and Address of Current Registered Agent

PEREGRINO, ORQUIDES

2180 SW 10 ST

MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

305-643-649

CR2E040 (8/00)