PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS | FILED
03 OCT 15 PM 3: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA |

DOCUMENT # P98000078978

1. Corporation Name

MAX TRUCKING INC.

2. Principal Office Address 8520 SW 43 TERR	**3.** Mailing Office Address SAME	
Suite, Apt. #, etc. NONE	Suite, Apt. #, etc. NONE	
City & State Miami FLORIDA	City & State SAME	

000024257120
10/23/03--01067--001 **908.75

4. Date Incorporated or Qualified To Do Business in Florida SEP-22 1998

Zip 33155	Country USA	Zip SAME	Country SAME

5. FEI Number 65-0889105 | 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
Jose A. Perez

Street Address (P.O. Box Number is Not Acceptable)
8520 SW 43 TERR. Miami

Suite, Apt. #, Etc.

City Miami	State FL	Zip Code 33155

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 _____ REGISTERED AGENT MUST SIGN

Date 10-14-03

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
Preside	Jose Antonio Perez	8520 SW 43 TERR	Miami FL 33155

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: _____ Jose Antonio Perez 10-14-03 305-219-0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #