

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 10:18

DOCUMENT # P98000082872

1. Corporation Name

KEEPON TRUCKING, INC.

REINSTATEMENT

05-06

2. Principal Office Address

2770 NW 108 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2770 NW 108 AVENUE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip
33322

Country
USA

Zip
33322

Country
USA

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

9/10/98

5. FEI Number

65-0868174

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
ROBERT J. ACCARDI

Street Address (P.O. Box Number is Not Acceptable)
2770 NW 108 AVENUE

Suite, Apt. #, Etc.

City
SUNRISE, FL

State
FL

Zip Code
33322

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

Robert J. Accardi

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|--------------------|
| P | ROBERT J. ACCARDI | 2770 NW 108 AVENUE | SUNRISE, FL 33322 |
| | | | |
| | | | |
| | | | |
| | | | |
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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 contained in Chapter 119, 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:

Robert J. Accardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

AAT

ARIE A. TAYKAN & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

7880 N. UNIVERSITY DRIVE #201

TAMARAC, FLORIDA 33321

TEL: (954) 722-9250

FAX: (954) 726-6715

email: taykan@aol.com

November 30, 2006

Florida Department of State
2661 Executive Center Circle
Tallahassee, FL 32301

Re: KeepOn Trucking, Inc.
Doc #P98000082872

Dear Sir or Madam:

Enclosed is an application for Corporation Reinstatement for the above-referenced company. Also, enclosed is a check in the amount of \$300.

The company never received the Corporate Annual Report for 2005 or 2006. They did not know that their company had been dissolved.

I respectfully request that you abate any late-filing fees and reinstate this corporation.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Arie A. Taykan, CPA
AAT/jm
Enc.