

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000096816**

1. Corporation Name

**J.R. & SONS TRUCKING CORP.**

Principal Place of Business

19800 BELMONT DRIVE  
MIAMI FL 33157

Mailing Address

19800 BELMONT DRIVE  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1998

5. FEI Number

65-0920225

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 / 1/1000 of Fee imposed  
by the Florida State Statute

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 |
|------------------|--------------------------------------|---|-----------------------|
| D                | ROMAN, AIDA                          | 19800 BELMONT DRIVE                               | MIAMI FL 33157        |
| D                | ROMAN, JOSE E                        | 19800 BELMONT DRIVE                               | MIAMI FL 33157        |
|                  |                                      |   | 500003046695--2       |
|                  |                                      |   | -11/17/99--01011--023 |
|                  |                                      |   | ***750.00 ***750.00   |
| REINSTATEMENT 99 |                                      |   |                       |

8. Name and Address of Current Registered Agent

ROMAN, JOSE E  
19800 BELMONT DRIVE  
MIAMI FL 33157

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 807.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-2-99

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 807 or 817, 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 807.0401 or 817.0401, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-99

Date

612-860-3581

Daytime Phone #

Ref check # 981