

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

RECEIVED
AND
FILED

99 OCT 28 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104389

1. Corporation Name **USA INTERNATIONAL TRUCKING
SERVICE INC.**

Principal Place of Business Mailing Address

**14340 SW - 44TH CT
OCALA, FL 34473**

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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		4. Date Incorporated or Qualified To Do Business in Florida	
State, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number 22-3635071	
Zip		Zip		Applied For Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MOISES SOSA	1525 EAST 26TH STREET #2H BROOKLYN, NY 11229	

900003029889--8
-11/01/99--01007--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name MOISES SOSA	
Street Address (P.O. Box Number is Not Acceptable) 14340 SW - 44TH CT	
Suite, Apt. #, Etc.	
City OCALA, FL	State FL
Zip Code 34473	

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
Moises Sosa
REGISTERED AGENT MUST SIGN

Date **10/28/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32314

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ONE TIME APPLICATION WAIVER

Gentlemen with all do respect I am something this application of one time weaver,
to reinstate my corporation because I never received the application 1999 PROFIT
CORPORATION ANNUAL REPORT PACKET.

I find out about this problem when I applied for a credit to buy a truck an it was really a surprise.
And since is my first time for this report I wasn't aware of this obligation

I promise that this won't happen again.

Please fin along with this application a money order for one hundred and fifty dollars (\$150.00)

Yours Truly,


MOISES SOSA

1525 EAST 26TH STREET #2-H
BROOKLYN, NY 11229