

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

08192

~~CORPORATION~~
~~REINSTATEMENT~~



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

FILED

01 MAR 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG90000012121

1. Corporation Name

Bonet's Truck Services, Inc.

2. Principal Office Address

2525 Wyatt Place

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34741

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

" "

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/14/99

5. FEI Number

59-3558373

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

Barbara Galindo

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

2525 Wyatt Place

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

x Barbara Galindo

REGISTERED AGENT MUST SIGN

Date 3-22-01

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
Pres.	Israel Bonet	2525 Wyatt Place Kissimmee, FL. 34741	Kissimmee, FL. 34741
Secre.	Barbara Galindo	2525 Wyatt Place	Kissimmee, FL. 34741

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:

Israel Bonet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-01

Pres.

Date

407-348-7737

Daytime Phone #

CR2E081 (9/00)

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MARCH 3, 2001

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

RE: BONETS TRUCK SERVICES, INC

TO WHOM IT MAY CONCERN,

The Annual report for this corporation was sent on April 16, of 2000. Apparently it had never reached the Division of Corporations. So we made a call to Division of Corporations and spoke with a customer service agent who told us to write a letter stating what occurred and that a one time exemption would be applied from 500.00 late fee to \$300.00. Enclosed is a check for \$300.00. If any questions feel free to contact our accountant at (407) 344-7464, Mr. Orlando Perez. When we receive another blank copy of the annual report we will change our address at that time, but for now our new business address is : 2525 Wyatt PL Kissimmee, FL. 34741.


Israel Bonet