

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 21 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000027199

1. Corporation Name **ARRIAGA Trucking, Inc**

2. Principal Office Address

565 Springmeadows RD

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1215

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32353

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/1999

5. FEI Number

59-3363385

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

Eduardo A. Arriaga

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

565 Springmeadows RD.

Suite, Apt. #, Etc.

City

Quincy

FL 32351

State

Zip Code

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

Eduardo A. Arriaga

REGISTERED AGENT MUST SIGN

Date 12-21-01

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
N.P.	ALBERTO ARRIAGA	565 Springmeadows RD.	Quincy, FL 32351
P	Eduardo A Arriaga	565 Springmeadows Rd	Quincy, FL 32351

700004735827--3
-12/21/01--01039--001

***300.00 ***300.00

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:

Eduardo A. Arriaga

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-01

Date

850.875.2231

Daytime Phone #

To Whom it may Concern,

We as Corporate Owners of Arriaga Trucking
are writing in concern of a reinstatement fee in
which which we are not eligible to pay. We feel as
to since we never recived any notice to pay
any corporate fee we should not have to pay such
a re instatement fee. Please help in any way possible.

President. Edward A. Arriaga

282