

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 9:05

DOCUMENT # P99000045826

1. Corporation Name

MAE TRUCKING OF CENTRAL FLORIDA INC.

500004653855-4
-10/25/01--01078--002
****750.00 ****750.00

2. Principal Office Address

13127 PHOENIX WOODS LN

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

3. Mailing Office Address

2620 WYNDHAM PLACE DR

Suite, Apt. #, etc.

City & State

LAWRENCEVILLE FL

Zip

30044

Country

USA

REINSTATEMENT 01

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

5/17/99

5. FEI Number

522168510

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

MANUEL GONZALEZ

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

13127 PHOENIX WOODS LN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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

MANUEL GONZALEZ
REGISTERED AGENT MUST SIGN

Date

10/8/01

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
<u>D</u>	<u>MANUEL GONZALEZ</u>	<u>13127 PHOENIX WOODS LN</u>	<u>ORLANDO FL 32824</u>

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:

MANUEL GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-01

Daytime Phone #

770-616-5525

CR20081 (2/00)