

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000065083

1. Entity Name
MECERA TRUCKING CORPORATION



FILED

04 NOV 10 AM 9:52

Principal Place of Business

Mailing Address

~~3389 SHERIDAN ST~~
~~SUITE 205~~
HOLLYWOOD, FL 33021

~~3389 SHERIDAN ST~~
~~SUITE 205~~
HOLLYWOOD, FL 33021

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

1735 DENEY ST.

PO BOX 222981

11062004 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD, FL

HOLLYWOOD, FL

Zip
33021

Country

Zip

33022

Country

4. FEI Number
65-0933060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MECERA, CHARLES L
1735 DENEY ST
#304
HOLLYWOOD, FL 33021

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CHARLES MECERA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/6/04
DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MECERA, CHARLES L
STREET ADDRESS ~~3389 SHERIDAN ST~~
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1735 DENEY ST.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700042631777
CITY-ST-ZIP 11/10/04--01025--016. **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Mecera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/04 954-474-1130
Date Daytime Phone #