

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # P99000079898

00 NOV 28 PM 4: 27

1. Corporation Name

GIARDINI FREIGHT & TRANSPORT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~13378 GAVIN RD.~~
DOVER FL 33527

13378 GAVIN RD.
~~DOVER FL 33527~~



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

09/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

32824

US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/T	Sergio P. Giardini	13378 GAVIN RD	DOVER FL 33527
			000003500720--7 -12/14/00--01011--018 ****500.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SP

GIARDINI, SERGIO P
13378 GAVIN RD.
DOVER FL 33527

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

S.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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

10-17-00

Date

407-854-3303

Daytime Phone #

CR2E040 (8/00)