

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081908

1. Corporation Name

TRUE TRUCKING CORP.

Principal Place of Business

700 W. 16TH STREET, #5
HIALEAH FL 33010

Mailing Address

700 W. 16TH STREET, #5
HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1999

5. FEI Number

65-0948216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	VAZQUEZ, RICARDO	700 W 16 ST., #5	HIALEAH FL 33010
D	VAZQUEZ, RICARDO	700 W 16 ST., #5	HIALEAH FL 33010
T	VASQUEZ, ELAINE	60 EAST 3RD STREET #303	HIALEAH FL 33010

100008830241
11/06/02--01075--007 **150.00

8. Name and Address of Current Registered Agent

VASQUEZ, ELAINE
60 EAST 3RD STREET #303
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02
Date Daytime Phone #

October 24,2002

Florida Department of State
Division of Corporations

To Whom it May Concern

To whom it may concern, one of the reason we could not send the report was because the address was a wrong address, the acorrect address for True Trucking is 700 west 16th st # 5 Hialeah FL 33010 and not 17th st . Thank you for your attention-

Sincerely
Ricardo Vasquez/ President