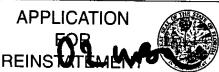
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000081908**

1. Corporation Name

TRUE TRUCKING CORP.

Principal Place of Business

700 W. JATH STREET, #5 HIALEAH FL 33010 Mailing Address

700 W. 77TH STREET. #5

FILED

02 NOV -6 AM 11:59 ,

TALLAHASSEE, FLORIDA



If above a	addresses are incorrect in any way, line the	rough incorrect	information and	enter correction below.	1			
			iling Office Address, If Applicable		4. Date Incor	porated or Qualified		
					To Do Business in Florida 09/09/1999			
Suite, Apt. #, etc. Suite, Apt. #			, etc.		<u> </u>		טשו ופטופט	1 3
City & State City & State				5. FEI Number Applied For Not Applied For Not Applied For		Applied For		
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7 1			<u></u>		1		TOT & CETTI	cate of Status
/ ivames	and Street Addresses of Each Officer and	d/or Director (Flo	orida nonprofit c	orporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PVST			3			4		
r¥31	VST VAZQUEZ, RICARDO		700 W 16 ST., #5			HIALEAH FL 33010		
D VAZQUEZ, RICARDO			700 W 16 S	ST~#5=		LIAL FALL FL 00040		
- "			700 10 01., #3			HIALEAH FL 33010		
T VASQUEZ, ELAÍNE			60 EAST 3RD STREET #303			HIALEAH FL 33010		
								
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	8. Name and Address of Current	- '-	9. Name and A	Address of New Posistors	d Agent			
		Name	Name and Address of New Registered Agent Name					
VASOL	IC7 EL AINE							اً قَ
VASQUEZ, ELAINE				Street Address (F	O. Box Number	is Not Acceptable)		
60 EAST 3RD STREET #303				1		, , , , , , , , , , , , , , , , , , ,		[]
HIALEAH FL 33010				Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
				City		Sta Fi		9
10. I, being	appointed the registered agent of the abo	ove named corpo	ration, am famil	iar with and accept the ob	oligations of Section	on 607.0505, F.S. or 617.05	05. F.S.	
				- 1				
		en orlar					-	
Signature of Registered Agent Auto An analysis of Registered Agent Auto An analysis of Registered Agent Auto Analysis of Registered Agent Agent Auto Analysis of Registered Agent Ag				NURED	URED Date 10-24-02			
		GISTEREDAG	ENT MUST SOS	N		Date / /		
11. I certify t	that I am an officer or director or the recei	ver or trustee em	powered to exe	cute this application as p	rovided for in cha	pter 607 or 617, F.S. I furthe	or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 16^{th} st # 5 Hialeah FL 33010 and not 17^{th} st . Thank you for your attention-

Sincerely Ricardo Vasquez/ President