PLEASE READ ALL INSTRUCT!ONS BEFORE COMPLETING THIS FORM.

## ~APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

P99000090296

DESENA TRANSPORTATION SERVICES, INC.

Principal Place of Business

Mailing Address

**4819 JOHNSON STREET** 

4819 JOHNSON STREET

HOLLYWOOD FL 33021	HOLLYWOOD FL 33021					1980   DELIA TO THE TENTH OF THE SENTENCE OF								
2. New Principal Offic 2.3 6 8 1/6 Suite, Apri. #, etc. City & State 140111/6/07 Zip	are incorrect in any way, line three Address, If Applicable, SEAWON 9	3. New Mailing Suite, Apt. #, et City & State Zip 3 3 0 / C	Office Add	Country	warl	2	5. FEI Numbe	7 31-	900 5 or Qualified Florida 1676202	10/13/ \$8.75 A	1999	<del></del>	able	
7. Names and Street	Addresses of Each Officer and/	or Director (Florid	a nonprofit					T						
Title(s) 2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zi						
PSTD CAVALE	CAVALE, ALPHONSE J				4819 JOHNSON STREET				HOLLYWOOD FL 33021					
		,												
8. N	arme and Address of Current I	Registered Agent	<u></u>		Name		9. Name and	Address	of New Regis	stered Ager	ıt_			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Address (P.O. Box Number is Not Acceptable)  2308 VOCEAV OF  Suite, Apt. #, Etc.  # P  City  HO!!!! WOOD  State Zip Code  FL 330/9									

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

PLEASE REVIEW YOUR RECORDS, THIS PAYMENT WAS MAILED AND THE CHECK CLEARED, I DO NOT UNDERSTAND WHY I NEED TO BE REINSATADED. I NEED TO SPEAK TO SOMEONE ABOUT THIS MATTER AND ALL I GET IS COMPUTER OPTIONS

PLEASE NOTE MY CHANGE OF ADDRESS DESENA TRANSPORT 2308 N.OCEAN DR. #19 HOLLYWOOD FL 33019

THANK YOU
PLEASE FEAL FREE TO CONTACT ME AT ANY TIME
AL CAVALE
954-294-2840

long of Ind letter

TINA;

WE SPOKE ON THE PHONE THIS WEEK AND I APPRECIATE YOU TAKING THE TIME TO REVIEW THIS. I HAVE ONE TRUCK WHICH I DRIVE MYSELF AND THIS 600 DOLLAR PENELTY WILL PUT A HURTING ON ME, ENCLOSED IS THE FIRST AND SECOND LETTER I WROTE, I HAD NO REASON NOT TO SEND YOU MY 150.00, IF YOU REVIEW MY HISTORY YOU WILL SEE I NEVER SENT A PAYMENT IN LATE, I NEVER RECEIVED MY RENEWAL AND I DID WHAT I WAS INSTRUCTED TO DO WITCH IS TO SUBMIT A LETTER ALONG WITH A PAYMENT OF 150.00. THEN IRECIEVE ANOTHER PENELTY, ENCLOSED IS MY CHANGE OF ADDRESS FOR YOUR RECORDS HOWEVER I MOVED AFTER THIS MISSUNDERSTANDING. I THANK YOU SO MUCH FOR YOUR TIME AND YOUR HELP ON THE PHONE, I DON'T KNOW WHY I DID NOT RECEIVE MY RENEWAL BUT I ASSURE YOU I WILL KEEP ON TOP OF THIS THIS YEAR, I WOULD BE A FOOL NOT TO SEND IN MY PAYMENT WHEN I GET. STAY WELL, THANKS AGAIN, GOD BLESS.

AL CAVALE DESENA TRANSPORT 954-294-2840 PLEASE NOTE THAT I DID NOT RECEIVE THE RENEWAL APPLICATION FOR 2003, I RESPECTFULLY REQUEST AWAIVER OF THE PENELTY. ENCLOSED IS MY CHECK FOR THE 150.00, PLEASE NOTE SINCE I HAD THIS CORPORATION I NEVER MISSED MY PAYMENT, I HONESTLY DID NOT RECEIVE THE RENEWAL.

AL CAVALE DESENA TRANSPORT 954-294-2840

Time! soft fat letter