

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091577

1. Corporation Name

M4D TRUCKING, INC.

Principal Place of Business

2214 W. FIRWOOD DR.
DELTONA FL 32725

Mailing Address

2214 W. FIRWOOD DR.
DELTONA FL 32725

2002 4 BR



300008996893
11/14/02--01025--023 **150.00

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

10/14/1999

5. FEI Number

59-3603793

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
PD	SCHWARTZ, DENZIL	2214 W. FIRWOOD DR.	DELTONA FL 32725
PD	SCHWARTZ, MARILYN	2214 W. FIRWOOD DR.	DELTONA FL 32725

8. Name and Address of Current Registered Agent

SCHWARTZ, DENZIL
2214 W. FIRWOOD DR.
DELTONA FL 32725

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 _____

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

Date

REGISTERED AGENT MUST SIGN

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:

Denzil Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

386-533-3046

CR2E040 (8/02)

2092

M4D TRUCKIN INC
2214 W FIRWOOD DR
DELTONA FL 32725
EIN. 59-3603793

DEPT. OF STATE
DIV. OF CORPS

DEAR SIR/MADAM

This letter is to inform you that we did not receive any prior uniform business report notices before the notice of Administrative Dissolution or Revocation.

As per instruction on the important facts page, I have enclosed a check for the filing fee.

Thanking you
Denzil Schwartz

DENZIL SCHWARTZ
M4D TRUCKING INC.