

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 23 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **799000106311**

1. Corporation Name

**TOMAS L. GONZALEZ TRUCKING, INC.**

2. Principal Office Address

**2873 MARBILL RD.**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

Zip

**33406**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2000**

5. FEI Number

**65-0990-028**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**TOMAS L. GONZALEZ**

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

**2873 MARBILL RD.**

Suite, Apt. #, Etc.

City

**WEST PALM BEACH**

State  
**FL**

Zip Code  
**33406**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **01/08/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	N/A		

10. 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

**TOMAS L. GONZALEZ**

**01/08/03**

Date

**561-588-5554**

Daytime Phone #

CR2E081 (10/02)

January 15, 03

Michelle Milligan  
Florida Department of State  
Secretary of State  
Division of Corporations

Re: Tomas L. Gonzalez Trucking, Inc. Corporation Reinstatement

Dear Michelle,

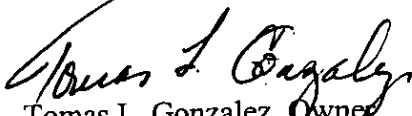
as per our request here is the letter explaining the reason why paying the penalty fee for the reinstatement of the corporation would constitute a great financial hardship.

My step-son Harry has suffered four heart attacks which have kept him under the doctors care and unable to work. He is only 36 years old and I am sure you are aware of the fact that the younger the person is, the harder the heart attack and less chance of survival. Due to Harry's inability to work we have been carrying everyone of his housing expenses which include mortgage, electric, water, telephone, car payments, insurance payments, food, medications etc. If you would like to confirm this information our son's name is Harry Lauth, Soc. Sec. No. 591-24-6429 and his doctor is Dr. Steven Bonzak, located at 110 John F. Kennedy Dr., Lake Worth, Fl. 33463.

The payment of the penalty fee involved would not only constitute a tremendous hardship at this time but it would be impossible for us to produce this amount of money and of course it would prevent the corporation from being reinstated.

At this time I would like to thank you in advance for your assistance and ask to please excuse any inconvenience our situation may have caused you.

Respectfully,

  
Tomas L. Gonzalez, Owner  
Tomas L. Gonzalez Trucking