

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 19 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000109843**

1. Corporation Name

**PALAFox BROTHERS TRUCKING & HARVESTING INC.**

Principal Place of Business

Mailing Address

628 W HICKORY STREET  
ARCADIA FL 34266

628 W HICKORY STREET  
ARCADIA FL 34266



**REINSTATEMENT** 03-04

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1999

5. FEI Number

59-3617351

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BELTRAN, PATRICIA	628 W. HICKORY ST.	ARCADIA FL 34266

000027024700  
01/15/04--01023--022 \*\*500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELTRAN, PATRICIA  
628 W. HICKORY ST.  
ARCADIA FL 34266

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

REGISTERED AGENT MUST SIGN

Date

01/09/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia Beltran* Patricia Beltran  
*Amado Palafax* Amado Palafax  
01/09/04 494-5438

CR2E040 (7/03)