

2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P99000111494

1. Corporation Name

QUEEN TRUCK LINE CORP

2. Principal Office Address

3308 NW 38 ST

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33142

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

500035718875
05/06/04--01064--027 **150.00

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0970769

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

SAENZ PEDRO J

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

3308 NW 38TH ST

Suite, Apt. #, Etc.

City

MIAMI FL 33142

State

FL

Zip Code

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

[Handwritten Signature]

Date

REGISTERED AGENT MUST SIGN

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
DP	SANEZ PEDRO J	650 NW 43 CT #3	Miami Fl. 33124

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

[Handwritten Signature]

4/29/04

Date

Daytime Phone #

CR2E081 (10/02)