

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V 70539

1. Corporation Name

CARLOS TRUCKING INC

Principal Place of Business

Mailing Address

3593 SW 143 PL
MIAMI, FL 33175

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

10/13/1992

5. FEI Number

65-0376682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
VPS	GRACIELA Y VICTORERO	3593 SW 143 PL	MIAMI, FL 33175
PT	JUAN C VICTORERO	3593 SW 143 PL	MIAMI, FL 33175

REINSTATEMENT 96-99 TS

100003060791-4
-12/03/99-01098-031
***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name GRACIELA Y VICTORERO
Street Address (P.O. Box Number is Not Acceptable)
3593 SW 143 PL
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0608, F.S.

Signature of Registered Agent *Graciela Victorero*
REGISTERED AGENT MUST SIGN

Date 11-19-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: *Graciela Victorero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-19-99 Daytime Phone #