

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC 12 PM 3:26

DOCUMENT # **330298**

1. Corporation Name

**ZURLA TRUCKING COMPANY INC**

Principal Place of Business

Mailing Address

1841 ORTIZ AVENUE  
 TICE FL 33905

P.O. BOX 50643  
 TICE FL 33905



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1263905

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALSH, MARIA	2209 ARDEN ST	FT MYERS FL
D	BELL, VERA ANGELA	11950 HONEYSUCKLE RD	FT MYERS FL
D	WALSH, STEVEN B	2209 ARDEN ST	FT MYERS FL
			500004736215--2 -12/24/01--01003--001 ****758.75 ****758.75
			<i>[Handwritten Signature]</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALSH, MARIA 2209 ARDEN ST FT MYERS FL 33907	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.

Signature of Registered Agent

*[Handwritten Signature]*

Date 12-5-01

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-05-01

Date

94-3328244

Daytime Phone #

CR2E040 (8/01)