

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 19 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 525326

1. Corporation Name

SOENKSEN FREIGHT SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~10220 GALLOW'S ROAD
CANTONMENT FL 32533~~

~~10220 GALLOW'S ROAD
CANTONMENT FL 32533~~

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

2. New Principal Office Address, if Applicable

9695 MOBILE HWY

Suite, Apt. #, etc.

PENSACOLA.

City & State

FLORIDA

Zip

32526

Country

U.S.A.

3. New Mailing Office Address, if Applicable

9695 MOBILE HWY

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32526

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

02/08/1977

5. FEI Number

59-1776431

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	SOENKSEN, JAMES	10220 GALLOW'S RD	CANTONMENT FL
VS	SOENKSEN, KAREN	10220 GALLOW'S RD	CANTONMENT FL
			800003039768--3 -11/09/99--01063--013 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

SOENKSEN, JAMES
10220 GALLOW'S RD.
CANTONMENT FL 32533

9. Name and Address of New Registered Agent

Name James A. Soenkseen

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

9695 MOBILE HWY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32526

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

James A. Soenkseen REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

James A. Soenkseen REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

Date

850-478-9038

Daytime Phone #

CR22040 (8/99)