

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~~



REINSTATEMENT 1999

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.
PENSACOLA, FLORIDA
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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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. Soenkseal
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. Soenkseal* 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. Soenkseal* REGISTERED AGENT MUST SIGN Date 10/13/99 850-478-9038 Daytime Phone #

CR22040 (8/99)