

NOV. 13. 2000 12:01PM FOLEY & LARDNER

NO. 0271 P. 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 NOV 14 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003493205--8
-12/11/00--01033--005
****750.00 ****750.00

CORPORATION
REINSTATEMENT



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

DOCUMENT # F04898

1. Corporation Name

CYPRESS TRUCK LINES, INC.

2. Principal Office Address

1300 Wigmore Street

Suite, Apt., etc.

3. Mailing Office Address

1300 Wigmore Street

Suite, Apt., etc.

City & State

Jacksonville, Florida

Zip

32206

Country

USA

City & State

Jacksonville, Florida

Zip

32206

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1980

5. FEI Number

59-2063224

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

D. V. Penland, Sr.

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

1300 Wigmore Street

Suite, Apt., etc.

City

Jacksonville

State

FL

Zip Code

32206

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

D.V. PENLAND, SR.

REGISTERED AGENT MUST SIGN

Date 11/13/00

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
P/D	D.V. Penland, Sr.	1300 Wigmore Street	Jacksonville, Florida 32206
S/T/D	Cynthia Penland	1300 Wigmore Street	Jacksonville, Florida 32206
VP/D	David Penland, Jr.	1300 Wigmore Street	Jacksonville, Florida 32206
VP/D	Thaddeus Penland	1300 Wigmore Street	Jacksonville, Florida 32206
D	Nancy Jo Center	1300 Wigmore Street	Jacksonville, Florida 32206
D	Lon G. Hagg	1300 Wigmore Street	Jacksonville, Florida 32206

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:

D.V. Penland, Sr. 11/13/00

(904) 353-8641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #