PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 24 PM 12:28

DOCUMENT # L73774

1. Corporation Name

BRUCE D. DUNCAN TRUCKING, INC.

Principal Place of Business	Mailing Address
7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327 US	7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327 US

100024070041
10/24/03--01016--006 **150.00

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: 05/17/1990

5. FEI Number: 59-3022496 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DUNCAN, BRUCE D	7158 COASTAL HIGHWAY	CRAWFORDVILLE FL 32327
PVC	SUBER-DUNCAN, TONYA L	7158 COASTAL HIGHWAY	CRAWFORDVILLE FL 32327
DM	HERRON, C. DOUG	7158 COASTAL HIGHWAY	CRAWFORDVILLE FL 32327
VPST	SUBER, BARBARA K	7158 COASTAL HIGHWAY	CRAWFORDVILLE FL 32327
		REINSTATEMENT 03	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOLCOMB, TRACY L 143 MARIE CIRCLE CRAWFORDVILLE FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Tracy L Holcomb TRACY L. Holcomb — Date: 10/21/2003
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: SIGNATURE Barbara K. Suber — 10-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA K. Suber

10/29

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DUNCAN TRUCKING, INC.
7158 COASTAL HWY 98
CRAWFORDVILLE, FL.32327

Florida Department of State
Divisions of Corporations Attn: Ms. Glenda E. Hood
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: Bruce D. Duncan Trucking, Inc.
Document # L73774

Dear Ms. Hood:

I am writing to you concerning the "Notice of Administrative Dissolution or Revocation we received from you today. We have checked our records and no not find where we ever received the two prior uniform business report (UBR) notices from you. I was surprised and shocked to find this in the mail. We are therefore enclosing a check for $150.00 along with the completed application for reinstatement so that we may be reinstated.

We sincerely appreciate your help in reinstating us to "active" status.

If you have any questions, please do not hesitate to call me at 850-925-6595 between 8:30A.M. to 12:30 P.M.

Again, thank you.

Sincerely,

Barbara K. Suber

Barbara K. Suber
Vice President