

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 OCT 21 AM 11:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000097112**

1. Corporation Name

AAC TRUCKING INC.

Principal Place of Business

Mailing Address

1580 WEST 14TH STREET
 JACKSONVILLE FL 32209

1580 WEST 14TH STREET
 JACKSONVILLE FL 32209



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

09/09/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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
PD	ROBINSON, STANLEY	1580 WEST 14TH STREET	JACKSONVILLE FL 32209

500023972765
 10/21/03--01080--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRISBANE, TERRANCE L SR
 11651 VC JOHNSON ROAD
 JACKSONVILLE FL 32218

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. or 617.0505, F.S.

Signature of Registered Agent *Terrance Brisbane*
 REGISTERED AGENT MUST SIGN

Date 10-16-03

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: Stanley Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/2003 Daytime Phone # 904-343-8928

CR2E040 (7/03)