2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 AM 11:06

REINSTATEMENT 04

10212004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000088109

1. Entity Name
INDEPENDENT TRAILER SERVICES, INC.

Principal Place of Business	Mailing Address
8862 NOMAD RD JACKSONVILLE, FL 32220	8862 NOMAD RD JACKSONVILLE, FL 32220
2. Principal Place of Business: 8862 Nomad Rd	3. Mailing Address: 8862 nomad Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax Fla	City & State: Jax Fl
Zip: 32220 Country: Duval	Zip: 32220 Country: Duval

4. FEI Number: 54-2123313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOWARD A CAPLAN ATTORNEY P A
3900 ATLANTIC BLVD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John M. Moore 10-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P John M. Moore President 8862 nomad Rd Jax 3220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jackie Moore Secretary 8866 Nomad Rd. Jax 3220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700042163817 10/25/04--01077--020 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Moore 10-21-04 904 786 4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #