

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4: 37

DOCUMENT # P92000010883

1. Corporation Name

WISE TRUCKING, INC.

Principal Place of Business	Mailing Address
B479 SE STATE RD 26 P.O. BOX 1620 NEWBERRY FL 32669 US	HIGHWAY 26 WEST P.O. BOX 1620 NEWBERRY FL 32669 US



REINSTATEMENT

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/10/1982
City & State	City & State	5. FEI Number
Zip	Country	59-3153833
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$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
DPT	WISE, TONYA M	42 SW 204 ST 7700 E. Allen Dr	NEWBERRY FL Inverness, FL 34450
DVS	WISE, PERRY G JR.	42 SW 204 ST 7700 E. Allen Dr	NEWBERRY FL Inverness, FL 34450
			680003038426--1 -11/08/99--01114--015 ***750.00 ***750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KNELLINGER, RICHARD M 2815 N.W. 13TH ST. SUITE 305 GAINESVILLE FL 32609	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: *[Signature]* Date: 10/26/99
REGISTERED AGENT MURPHY SMITH

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]* Tonya M Wise
Date: 10/26/99 Daytime Phone #: 352 472 4545

CR2E040 (8/98)