

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/4/07 80093 033 150.00



10102007 REIN-P CR2E098 (1/07)

DOCUMENT # P98000088659 1. Entity Name ASHLEY TRUCKING, INC.			
Principal Place of Business 221 SPICE AVE. 251 Highlands Lake Dr. LAKE PLACID, FL 33852		Mailing Address P.O. BOX 363 LAKE PLACID, FL 33862	
2. Principal Place of Business - No P.O. Box # 251 Highlands Lake Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State	
Zip 33852		Country Highlands	
4. FEI Number 59-3540714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUGGS, LUKE P.O. BOX 363 LAKE PLACID, FL 33862		7. Name and Address of New Registered Agent Name Luke Suggs Street Address (P.O. Box Number is Not Acceptable) 251 Highlands Lake Dr. City Lake Placid FL 33852	
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		Cheryl Suggs Vice President 10/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SUGGS, LUKE P.O. BOX 363 251 Highlands Lake Dr. LAKE PLACID, FL 33862 Lake Placid, FL 33852	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	000110862370 Refund 10/16/07--01055--009 **750.00
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	VPST <input type="checkbox"/> Delete SUGGS, CHERYL P.O. BOX 363 251 Highlands Lake Dr. LAKE PLACID, FL 33862 Lake Placid, FL 33852	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empower.			
SIGNATURE:		Cheryl Suggs VPST 10/10/07 863-741-7007 <small>Daytime Phone #</small>	

10/18/07