


# 2016 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

16 APR 28 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # P99000059596</b> 1. Entity Name L.T.D. PYRAMID TRUCKING, INC.	
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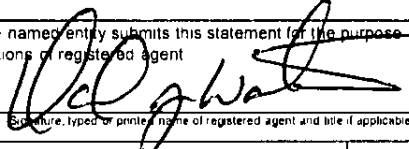
Principal Place of Business 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 US	Mailing Address 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc
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City & State  Zip	City & State  Zip	4. FEI Number 59-3587638	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  WATSON, LAKECIA S 2369 INDIAN SPRINGS CT TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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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.

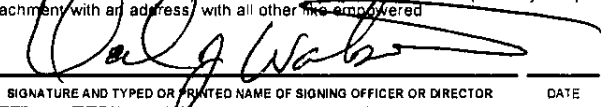
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4/28/16

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2017, 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 WATSON, LAKECIA S 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WATSON, DAVID J 3131 HAWKS LANDING DRIVE TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800285152708 04/28/16--01002--006 ***300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2015-2016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE:  DATE: 4/28/16 APR 28 2015

E-MAIL ADDRESS

**M. WILLIAMS**