

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000078876

1. Entity Name  
D & D LIFT TRUCK, INC.



FILED

09 APR 14 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
702 6TH AVENUE SOUTHEAST  
RUSKIN, FL 33570

Mailing Address  
702 6TH AVENUE SOUTHEAST  
RUSKIN, FL 33570

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092009 REIN-P CR2E098 (1/07)

4. FEI Number  
APPLIED FOR 20-5051998

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTRAM, DONALD A  
702 6TH AVENUE SOUTHEAST  
RUSKIN, FL 33570

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

*Donald A. Bartram*

*4-10-09*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARTRAM, DONALD A  
STREET ADDRESS 702 6TH AVENUE SOUTH EAST  
CITY-ST-ZIP RUSKIN, FL 33570 ☐ Delete

TITLE VTD  
NAME BARTRAM, DONNA J  
STREET ADDRESS 702 6TH AVENUE SOUTH EAST  
CITY-ST-ZIP RUSKIN, FL 33570 ☐ Delete

TITLE SD  
NAME COLBY, WILLIAM  
STREET ADDRESS POST OFFICE BOX 946  
CITY-ST-ZIP RUSKIN, FL 33575 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Donald A. Bartram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-10-09 843-326-2071*

Date Daytime Phone #