

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 DEC 12 PM 3:06


DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

W06000050905

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **193548**

1. Corporation Name
Land Trucking Company

2. Principal Office Address
1560 Jessie St.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2620

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip Country
32206 USA

City & State
Jacksonville, FL

Zip Country
32203 USA

4. Date Incorporated or Qualified To Do Business in Florida
6/1/1956

5. FEI Number
59-0785518

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas A. Duke

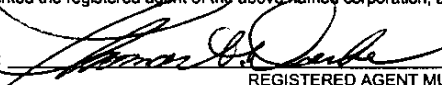
Street Address (P.O. Box Number is Not Acceptable)
1560 Jessie St.

Suite, Apt. #, Etc.

City
Jacksonville, FL 32206

State Zip Code
FL 32206

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent  Date **11/2/06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Thomas A. Duke	1560 Jessie St.	Jacksonville, FL 32206
P/D	Brian T. Duke	1560 Jessie St.	Jacksonville, FL 32206
V/S/D	Stephen T. Duke	1560 Jessie St.	Jacksonville, FL 32206

10. 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 contained in Chapter 119, 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:  **Brian T. Duke**
President

Date **11/2/06** Daytime Phone # **904-798-3500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Land Trucking Company, Inc.

P.O. Box 2620
Jacksonville, FL 32203

2042

November 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

It was recently noted that Land Trucking Company, Inc. is an inactive corporation due to Administrative Dissolution for a missing Annual Report with an event date of 9/16/2005. I have enclosed our check made payable to Florida Department of State for the Annual Report Fee and the Corporate Supplemental Fee totaling \$150.

I ask that the reinstatement fee be waived due to non-receipt of the annual report notice. Please reinstate Land Trucking Company, Inc. to active status and accept the attached Corporation Reinstatement form as supporting documentation.

Thank you very much for your consideration,

Sincerely,



Kimberly S. Andreatta
Chief Financial Officer
Land Trucking Company, Inc.