

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 14 AM 11:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

321450

1. Corporation Name

Lester Coggins Trucking, Inc.

2. Principal Office Address

Highway 33 South

3. Mailing Office Address

P.O. Box 55

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okahumpka, FL

City & State

Okahumpka, FL

Zip

34762

Country

USA

Zip

34762

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/1967

5. EEL Number

591172035

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Jessica M. Eisele

Jessica M. Eisele
Asst. Secretary

Date

12/7/06

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
D	Harvey N. Gainey	6000 Clay Avenue SW	Grand Rapids, MI 49548
STD	Carl Oosterhouse	6000 Clay Avenue SW	Grand Rapids, MI 49548
P	Daniel Denhof	Highway 33 South	Okahumpka, FL 34762

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:

Harvey N. Gainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harvey N. Gainey, Director

Date

11/27/02 (616) 530-85

Daytime Phone #