

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 328466

1. Corporation Name

STONIER TRUCKING COMPANY, INC.

Principal Place of Business

3131 ST. JOHNS BLUFF
JACKSONVILLE FL 32246

Mailing Address

3131 ST. JOHNS BLUFF
~~SUITE 201~~
JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1214475

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V, D	STONIER, DAVID D	4028 JEBB ISLAND CIR. W.	JACKSONVILLE FL
P	STONIER, DEANE A. DELETE	2415 COSTA VERDE BLVD., UNIT 316	JACKSONVILLE BCH FL 32200
ST	SMITH, KAREN J. DELETE	2068 WILDWOOD LANE	SWITZERLAND FL
P, D	THOMAS PIATAK	12875 QUAILBROOK DR	JACKSONVILLE, FL 32224
C, D	ALLEN J. STEELE	7174 RAMOTH DR	JACKSONVILLE, FL
			200004672692--1
			-11/08/01--01059--009
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

STONIER, DEANE A
2415 COSTA VERDE BLVD.
JACKSONVILLE BEACH FL 32250

Name

MICHAEL P. WILLIAMS

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

3131 ST JOHNS BLUFF RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

10-22-01

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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:

[Signature]

MICHAEL P. WILLIAMS VP

Date

Daytime Phone #

10-22-01 904 224 2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/01)

Page 2

Page 2

David D. Stonier
4028 Jebb Island Circle W.
Jacksonville, Florida 32224

V,D

Thomas W. Piatak
12875 Quail Brook Drive
Jacksonville, Florida 32224

P,D

Allen J. Steele
7174 Ramoth Drive
Jacksonville, Florida 32226

C,O

Michael P. Williams
3131 St. Johns Bluff Road
Jacksonville, Florida 32246

VP