## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVICE AND APPROVICE AND

## **APPLICATION FOR** REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

NATIONWIDE TRUCKING, INC.

Principal Place of Business

12600 NW 107 AVENUE MEDLEY FL 33178

Mailing Address

12600 NW 107 AVENUE MEDLEY FL 33178



02 NOV 12 AM 11: 33

SECRETARY OF STATE ALLAHASSEE, FLORIDA

US			US				KEINS	TATEMEN	00	
If above a	addresses are	incorrect in any way, line th	rough incorrect	information a	nd enter corre	ction below.	as			
New Principal Office Address, If Applicable     3. New Mail		ing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 07/14/1076						
Suite, Apt.	#, etc.		Suite, Apt. #	ŧ, etc.		011111310				
City & Stat	е		City & State			59-1908988 Applie			Applied For	
			Only & State					39 1900900		Not Applicable
Zip		Country	Zip		Country		- 6. CERTIFICATI	E OF STATUS DESIRED 🔲 S	8.75 Additi for a Certi	onal Fee required ficate of Status
7. Names	and Street Add	resses of Each Officer and	l/or Director (Flo	orida nonprofi	t corporations	must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3		ddress of Eac and/or Directo		City / S	State / Zip	
DP PRICE, WALTER STEVEN				2000 RIVERA COURT			EAVIE	FI LAUDEBOATE FL. 20129		
VD PRICE, WALTER STEVEN				12600 NW 107 AVENUE			MEDLEY, FL 33178			
					_	107-M	JENUE_	MEDLEY, FL	- 33	78
ST PRICE, WALTER STEVEN				2600 RIVERA OGURT 12600 NW 107- AVENUE MEDLEV, IL 3				1. 32	1178	
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						714	11719/	<b>DOD9084</b> 3 0201069014	3 <b>1</b> 3 **750	.00
				ļ				-	<del> </del>	
	8. Name	and Address of Current	Registered Age	nt			9. Name and A	ddress of New Registered	Agent	
	- :				Nar	пе		2-11		
ROBLE	do, anthoi	YY			Stra	ot Address (	P.O. Pay Number	s Not Acceptable)		
8180 N	w 36th st.				Sile	iet Audiess (i	r.O. Box Number	s Not Acceptable)		ļ
STE 10	_				Suite, Apt. #, Etc.					
MIAMI FL 33166				City State I Zin Code						
					City			State		ie )
10. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	miliar with and	accept the o	bligations of Section	on 607.0505, F.S. or 617,050		
		1 1	1	,	11					Ī
Signature of Registered A	Agent /				JUIR	ED		- 41/	//	.,
		RE	GISTERED AGI	ENT MUST S	IGN		<del></del>	Date	· / ·	
11. I certify t	hat I am an off	icer or director or the receiv	ver or trustee em lution has been	powered to e	execute this ap	plication as p ame satisfies	rovided for in chap the requirements	oter 607 or 617, F.S. I further	certify that	t when filing hat 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 恩尼DWALTERS.PRICE 10/29/02 (305)5923578

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 815015 7356761

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: November 11, 2002

ORDER TIME : 10:59 AM

ORDER NO. : 815015-005

CUSTOMER NO: 7356761

CUSTOMER: Ms. Cathy Booker-7356761

Nationwide Trucking, Inc. 12600 N.w. 107 Avenue

Medley, FL 33178

## DOMESTIC FILINGS

NAME: NATIONWIDE TRUCKING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS \_\_\_\_

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