

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

04 DEC 22 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

dy



11012004 REIN-P CR2E098 (6/04)

|   |                   |                                 |  |  |                                   |
|---|-------------------|---------------------------------|--|--|-----------------------------------|
| <b>DOCUMENT # 630187</b><br>1. Entity Name<br><b>HENRY BUTLER TRUCKING, INC.</b>  |                   |                                 |  |  |                                   |
| Principal Place of Business<br><b>#1 HOLIDAY MANOR<br/>HAINES CITY, FL 33844</b>  |                   |                                 | Mailing Address<br><b>#1 HOLIDAY MANOR<br/>HAINES CITY, FL 33844</b> |  |                                   |
| 2. Principal Place of Business  |                   |                                 | 3. Mailing Address   |  |                                   |
| Suite, Apt. #, etc.   |                   |                                 | Suite, Apt. #, etc.  |  |                                   |
| City & State  |                   |                                 | City & State   |  |                                   |
| Zip   | Country           | Zip                             | Country  | 4. FEI Number<br><b>59-1704142</b>   |                                   |
|   |                   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |                   |                                 |  |  |                                   |
| 6. Name and Address of Current Registered Agent   |                   |                                 |  | 7. Name and Address of New Registered Agent  |                                   |
| <b>BUTLER, LEONARD A<br/>1 HOLIDAY MANOR<br/>HAINES CITY, FL 33844</b>  |                   |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <u>See below</u> (NOTE: Registered Agent signature required when reinstating) DATE  |                   |                                 |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$750.00</b><br><b>After January 1, 2005, Fee will be \$900.00</b>  |                   |                                 |  |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |  |                                   |
| TITLE   | PT                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BUTLER, LEONARD A |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1 HOLIDAY MANOR   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | HAINES CITY, FL   |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   | VP                | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | HOWARD, CHIQUITA  |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1 HOLIDAY MANOR   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | HAINES CITY, FL   |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   | T                 | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | WATSON, PEGGY     |                                 | NAME   |  |                                   |
| STREET ADDRESS  | 1 HOLIDAY MANOR   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | HAINES CITY, FL   |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |                                 | NAME   |  |                                   |
| STREET ADDRESS  |                   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                   |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |                                 | NAME   |  |                                   |
| STREET ADDRESS  |                   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                   |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE   |                   | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                   |                                 | NAME   |  |                                   |
| STREET ADDRESS  |                   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                   |                                 | CITY-ST-ZIP  |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Leonard A. Butler</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                   |                                 | 12/14/04<br>Date   |  |                                   |
|   |                   |                                 | 863 422-1332<br>Daytime Phone #                                      |  |                                   |