CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 OCT 22 AM 10:59

DOCUMENT # 646994

1. Corporation Name

TRUCKING, INC

W13-555487

600252417166
10/22/13--01006--004 **3450.00

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
502 DON QUIXOTE CIR		502 DON QUIXOTE CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE BEACH, FL		JACKSONVILLE BEACH, FL	
Zip	Country	Zip	Country
32250	USA	32250	USA

4. Date Incorporated or Qualified To Do Business in Florida
JANUARY 2, 2005

5. FEI Number
46-3415671
Applied For ☐ Not Applicable ☐

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

REINSTATEMENT

600252417166
10/04/13--01021--010 **458.75

600252417166
10/04/13--01021--009 **1500.00

OCT 22 2013

7. Name and Address of Current Registered Agent

Name
IAN COLLINS

Street Address (P.O. Box Number is Not Acceptable)
502 DON QUIXOTE CIR

Suite, Apt. # Etc

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250

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: Ian Collins
REGISTERED AGENT MUST SIGN

Date: 10/01/2013

R. HUNT

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
CEO	IAN COLLINS	502 DON QUIXOTE CIR	JACKSONVILLE BEACH, FL 32250
S	JIMICKA WALKER	609 CROSS STREET	HIGH POINT, NC 27260
PD	Willette Corley	1322 Avon Avenue SW	Atlanta GA 30310
V	Natasha Tingman	53716 Tillman Rd.	Ridgeland SC, 29936
C	Jollie Orr	53716 Tillman Rd.	Ridgeland, SC, 29936

10. E-mail Address: trucking_i@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ian Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/2013
Date

904-894-3977
Daytime Phone #