

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 DEC 15 PM 4:08

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002060

1. Corporation Name

PINNER TRANSPORTATION, INC.

2. Principal Office Address

P.O. BOX 993

Suite, Apt. #, etc.

City &amp; State

DALTON, GA

Zip

30722

Country

USA

3. Mailing Office Address

P.O. BOX 993

Suite, Apt. #, etc.

City &amp; State

DALTON, GA

Zip

30722

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1985

5. FEI Number

58-1643725

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

JANICE G. NEWMAN

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

4225 JAMES E. CASEY DRIVE

Suite, Apt. #, Etc.

4

City

JACKSONVILLE

State

FL

Zip Code

32219

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

REGISTERED AGENT MUST SIGN

Date Dec 14 2004

## 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
P	JANICE G. NEWMAN	313 SUMACH CHURCH RD.	CHATSWORTH, GA 30705
s	JANICE G. NEWMAN	313 SUMACH CHURCH RD.	CHATSWORTH, GA 30705

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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 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:

JANICE G. NEWMAN

Date

Daytime Phone #