

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
12 JUL 27 PM 7:12

DOCUMENT # F02000002090

1. Corporation Name

GTL Truck Lines, Inc.

2. Principal Office Address - No P.O. Box #

7600 France Ave. S.

Suite, Apt. #, etc.

City & State

Edina, MN

Zip

55435

Country

USA

3. Mailing Office Address

7600 France Ave. S.

Suite, Apt. #, etc.

City & State

Edina, MN

Zip

55435

Country

USA

REINSTATEMENT 03-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5/03/2002

5. FEI Number

47-0651604

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

700237921497  
07/27/12--01043--017 \*\*2100.00

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

*Karin L. Dunn*

Karin L. Dunn, Assistant VP

Date

7/20/2012

REGISTERED AGENT MUST SIGN

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
	See attached		

10. E-mail Address: sharon.greene@nashfinch.com

(To be used for future annual report notification)

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2012

Date

Daytime Phone #

Kathleen M. Mahoney  
Vice President, Corporation & Director

**GTL Truck Lines, Inc.**  
**A Subsidiary of Nash Finch Company**  
**7600 France Ave. S., Edina, MN 55435**

**OFFICERS AND DIRECTORS**

<u>Name</u>	<u>Position</u>	<u>Home Address &amp; Phone</u>	<u>Office Address</u>	<u>Place of Birth</u>	<u>Date of Birth</u>
Alec C. Covington	Director	2900 Thomas Avenue South Unit 2208 Minneapolis, MN 55416	7600 France Avenue South Edina, MN 55435	Cookeville, TN	3/5/1957
Kathleen M. Mahoney	Vice President, Secretary, Director	1079 West Royal Oaks Dr. Shoreview, MN 55126 651-483-6250	7600 France Avenue South Edina, MN 55435	Methuen, MA	10/24/1954
Robert B. Dimond	President, Treasurer, Director	8440 Montgomery Court Eden Prairie, MN 55347	7600 France Avenue South Edina, MN 55435	Salt Lake City, UT	6/20/1961