

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08197

1. Corporation Name

ED KIMBALL & SONS TRUCKING, INC.

Principal Place of Business

P. O. BOX 1302
HOMESTEAD FL 33030

Mailing Address

P. O. BOX 1302
HOMESTEAD FL 33030

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1980

5. FEI Number

59-2256161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KIMBALL, ED	18605 SW 293RD TR.	HOMESTEAD FL 33030
V	KIMBALL, BRIAN	18799 293RD TR.	HOMESTEAD FL 33030
V	KIMBALL, GLEN	301 3RD ST.	WATERFORD WI
V	KIMBALL, JOHN	29525 SW 182ND AVE.	HOMESTEAD FL
T	KIMBALL, MADELYN	18605 SW 293RD TR	HOMESTEAD FL 33030

8. Name and Address of Current Registered Agent

KIMBALL, EDWIN
300 NORTH KROME AVE.
P. O. BOX 1302
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002215949-6

06/18/97-01070-027

****915.00 ****915.00

State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edwin Kimball

REGISTERED AGENT MUST SIGN

Date

6-12-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Madelyn Kimball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-97 305-246-9077

Date

Daytime Phone #

REINSTATEMENT

96-97

97 JUN 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA