

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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Email Address: _____

**CORPORATION REINSTATEMENT
SMOKEY POINT DISTRIBUTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

Electronic Filing Menu

Corporate Filing Menu

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DIVISION OF CORPORATIONS

17 JAN 20 AM 8:24

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F12000004525

1. Corporation Name
Smokey Point Distributing, Inc.

2. Principal Office Address - No P.O. Box # 19201 63rd Avenue NE		3. Mailing Office Address 19201 63rd Avenue NE	
Bldg, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Arlington, WA		City & State Arlington, WA	
Zip 98223	Country USA	Zip 98223	Country USA

CR2E08L (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
11/06/2012

5. FEI Number
91-1088720

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent
Chris Rickard / CT Corporation

Date
01-20-17

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
P	Daniel Wirkkala	19201 63rd Avenue NE	Arlington, WA 98223
C	Don Daseke	4950 Westgrove Dr., Suite 100	Dallas, TX 75248

REINSTATEMENT

10. E-mail Address: gharriman@spdrucking.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 provided 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: Don Daseke 1/16/17 485-508-3921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 20 2017
M. WILLIAMS