

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -2 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002057

1. Corporation Name

USF Dugan, Inc.

500074530585  
05/12/06--01061--030 \*\*900.00

2. Principal Office Address

10990 Roe Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

10990 Roe Avenue

Suite, Apt. #, etc.

MS A515

City & State

Overland Park, KS

City & State

Overland Park, KS

Zip

66211-1213

Country

Johnson

Zip

66211-1213

Country

Johnson

REINSTATEMENT  
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

4/20/1994

5. FEI Number

48-0760565

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

CT 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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*John J. Linnihan*

Date

April 24, 2006

John J. Linnihan, Asst. V.P.

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 list		
		<i>RS/9</i>	

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 contained in Chapter 119, 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:

*Terry L. Gerrond*

Terry L. Gerrond  
Vice President Taxation

4/29/06

913-696-6170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #