

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 15 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000029**

1. Corporation Name

SMITHWAY MOTOR XPRESS, INC.

Principal Place of Business

Mailing Address

PO BOX 404
FORT DODGE IA 50501

PO BOX 404
FORT DODGE IA 50501



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

42-1009113

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	SMITH, WILLIAM G	1129 COLONIAL DR.	FORT DODGE IA 50501
V	OWENS, G. LARRY	1161 FOX RIDGE ROAD	FORT DODGE IA 50501
T	Oleson, Michael E.	1844 N. 31 st Street	Fort Dodge, IA 50501

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSS, MARVIN I
4651 SHERIDAN ST., STE. 300
HOLLYWOOD FL 33021

Name

Same (address change only)

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

20801 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 506

City

North Miami Beach

State

FL

Zip Code

33180-1430

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

Marvin I. Moss
REGISTERED AGENT MUST SIGN

Date

5.7.01

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., 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:

Michael E. Oleson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-01
Date

(515) 576-7418
Daytime Phone #

CR2E040 (8/00)