

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:38

DOCUMENT # F95000001096

1. Corporation Name

FRIENDLY EXPRESS, INC.

Principal Place of Business

1759 STATE ST.  
WAYCROSS GA 31502

Mailing Address

P.O. BOX 289  
WAYCROSS GA 31502-0788



REINSTATEMENT

99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1995	
City & State		City & State		5. FEI Number	
Zip		Country		58-1850043	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CP	LEWIS, GRADY C	RT. 1 BOX 286 A-3	HOBOKEN GA 31542
CV	RAULERSON, BILL F	2744 SEMINOLE TRAIL	WAYCROSS GA 31501
CTS	HARDEN, LEONARD M	RT. 1, RIVERWAY	DARIEN GA 31305

800003035508-7  
-11/04/99--01088--010  
\$\$\$750.00 \$\$\$750.00

8. Name and Address of Current Registered Agent

MORRISON, COLESTINE S  
629 BLANDING BLVD.  
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name  
Dornes, Colectine  
Street Address (P.O. Box Number is Not Acceptable)  
541 US 90 East  
Suite, Apt. #, Etc.

City Baldwin State FL Zip Code 32234

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-12-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99 (912) 283-2259  
Date Daytime Phone #

AD