

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 31502-0798

REINSTATEMENT



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

03/08/1995

5. FEI Number

58-1850043

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 3	City / State / Zip 4
CP	LEWIS, GRADY C	RT. 1 BOX 286 A-3	HOBOKEN GA 31542
CV	RAULERSON, BILL F	2744 SEMINOLE TRAIL	WAYCROSS GA 31501

100024266241
10/30/03--01008--018 **750.00

8. Name and Address of Current Registered Agent

HOLMES, SAM
7574 MOUNT VERNOA ST
GLEN SAINT MARY FL 32040

9. Name and Address of New Registered Agent

Name

Arthur McKee

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

32750 Lakeshore Drive

Suite, Apt. #, Etc.

City

Tavares

State

FL

Zip Code

32778-5036

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. or 617.0505, F.S.

Signature of
Registered Agent

Arthur McKee

Date

10-27-2003

REGISTERED AGENT MUST SIGN

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:

Grady C. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03

Date

Daytime Phone #

CR2E040 (7/03)