To: Qualification/Tax Lien Section 480

	on/Tax Lien Section	TTALLETTER	100
	Corporations		
SUBJECT:T	ruck Driver Institu	oration - must include suffix	2
	(Name of corp.	oracion - must include sumx	9
Dear Sir or Madam:	:		
	ication by Foreign Corporation tence", and check are submitte Florida.		
Please return all cor	respondence concerning this n	natter to the following:	000028400741
	Elizabeth A. Fo		-04/15/9901065004
	(Na	me of Person)	******78.75 *****78.75 <u>*</u>
	Truck Driver I	nstitute, Inc.	· <u>-</u>
	(Fin	m/Company)	<u> </u>
	PO Box 1599		· · · · · · · · · · · · · · · ·
-		(Address)	
	Murfreesboro Ti		A SEE WY
	(Cit	ty/State/Zip)	
	(0.1	ij/outo:21p)	ARY F Co
	call someone concerning this	-	EO OF STATE OCCORATION AM 10: 28
Elizabeth A (Name of F		15) 895-2070 (Area Code & Daytime Tele	nhona Number\
(1144110-01-1	(Alea code & Daytime Tele	phone indinbery
STREET ADDRES		MAILING ADDRE	no conflict- same principals as p94-58652
Qualification/Tax Li Division of Corpora		Qualification/Tax Lie	en Section
409 E. Gaines St.	tions	Division of Corporati P.O. Box 6327	ions
Tallahassee, FL 323	399	Tallahassee, FL 3231	14
Enclosed is a check	for the following amount:		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



Truck Driver Institute

April 13, 1999

Florida Qualification / Tax Lien Section Division of Corporations 409 E Gaines St Tallahassee FL 32399

RE: Application by Foreign Corporation for Authorization to Transact Business in Florida

Enclosed is our transmittal letter, application, and fees to register in Florida. Please return the certificate and any related paperwork in the enclosed, prepaid overnight back to us.

If you have any questions, please contact me at 615-895-2070. Thank you.

71.

Élizabeth A. Fox Secretary

Enclosures

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

words or abbrev	ration; must include the word "In riations of like import in language r partnership if not so contained	e as will	clearly ind	icate that i				
Tennessee			3. 62-1466479					
(State or country	under the law of which it is inco	rporated	<u> </u>		(FEI number,	if applical	ole)	
4/	4/91	5	Pe	rpetua	1			
(Dar	e of incorporation)		(Duration	n: Year co	rp. will cease t	o exist or "	perpetual")
May 1	, 1999							-
(Date first	transacted business in Florida.) ((SEE SE	CTIONS 6	07.1501, 6	07.1502 and 81	7.155, F.S.	.)	
PO Bo	x 1599 , Murfreesbo	oro T	N 3713	3-1599	= Mai	ling Ad	ldress	
610 A	ero Lane, Sanford	FL	32771		= Phys	sical A	Address	0
	(Curren	nt mailing	g address)		- .		VERTILIAN AND TO THE TOTAL OF T	VISION APR
Truck	Driver Training	-		-				<u> - 왕</u> 조
Name and str	s) of corporation authorized in he eet address of Florida registe Belinda DeJesus	ome state ered age	or country	to be can Box or M	ried out in state	of Florida	eptable)	AMID. 2
Name:						-	. –	. O.K.
ffice Address:	610 Aero Lane					-	<u>.</u> .	•
	Sanford	-	 	, Florida,	32771	· ·		
					(Zip code)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: Thomas J. Gast Address: 6201 Epps Mill Road Christiana TN 37037 Vice Chairman: Address: _ Director: _ Joseph M. Gast Address: __ 6201 Epps Mill Road Christiana TN 37037 Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) Thomas J. Gast President: 6201 Epps Mill Road Address: Christiana TN 37037 Joseph M. Gast Vice President: 6201 Epps Mill Road Address: Christiana TN 37037 Elizabeth A. Fox Secretary: 6201 Epps Mill Road Address: Christiana TN 37037 Thomas J. Gast Treasurer: __ 6201 Epps Mill Road Address: Christiana TN 37037 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Elizabeth A. Fox, Secretary

(Typed or printed name and capacity of person signing application)

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 04/08/1999 REQUEST NUMBER: 990981008 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/04/1991 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0239163 JURISDICTION: TENNESSEE

TRUCK DRIVER INSTITUTE INC. AT: E. FOX PO BOX 1815 MURFREESBORO, TN 37133-1815 REQUESTED BY:
TRUCK DRIVER INSTITUTE INC.
AT: E. FOX
PO BOX 1815 MURFREESBORO, TN 37133-1815

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "TRUCK DRIVER INSTITUTE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

TRUCK DRIVER INSTITUTE, INC

MURFREESBORO, TN 37133-1815

ON DATE: 04/08/99

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

_\$20.00

RECEIPT NUMBER: 00002479466 ACCOUNT NUMBER: 00305892

PO BOX 1815

RILEY C. DARNELL SECRETARY OF STATE