PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

DOCUMENT # G72224

REINSTATEMENT 03-04
MRB

900039239859
07/16/04--01021--011 **908.75

1. Corporation Name

S.W. TRUCKING INC.

2. Principal Office Address	3. Mailing Office Address
POST OFFICE BOX 50643	POST OFFICE BOX 50643
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FT. MYERS, FLORIDA	FT. MYERS, FLORIDA
Zip: 33994 Country: LEE	Zip: 33994 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 12/05/83

5. FEI Number: 59-2361703 ☐ 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: STEVEN B. WALSH

Street Address (P.O. Box Number is Not Acceptable): 19551 PERSIMMONS RIDGE ROAD

Suite, Apt. #, Etc.:

City: ALVA, FLORIDA State: FL Zip Code: 33920

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: Steven B Walsh — REGISTERED AGENT MUST SIGN — Date: 07/15/04

CR2E061 (01/04)

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
PRES.	STEVEN B. WALSH	19551 PERSIMMONS RIDGE ROAD	ALVA, FLORIDA 33920

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 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: Steven B Walsh STEVEN B. WALSH 07/15/04 (239) 337-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #