PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -8 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94061

1. Corporation Name
D&R Trucking Co. Inc.

Principal Place of Business: Wabasso Fla.
Mailing Address: P.O. Box 845

REINSTATEMENT

86-98
AD

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

2. New Principal Office Address, If Applicable: Donald Wright
Suite, Apt. #, etc.
City & State: Wabasso Florida
Zip: 32970 Country: Indian River

3. New Mailing Office Address, If Applicable: P.O. Box 845
Suite, Apt. #, etc.
City & State: Wabasso Fla.
Zip: 32970 Country: Indian River

4. Date Incorporated or Qualified To Do Business in Florida: 4/2/84

5. FEI Number: 59-2407-670 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Donald Wright	8433 63rd Ct	Wabasso, Fla 32970
Secretary Treasurer	Roosevelt Wright	8433 63rd Ct.	Wabasso, Fla 32970
Director	Roland Shinholster	1001 E Brothers Ave	Melbourne, Fla 32901
Director	Willie C. Davis	8345 63rd Ave	Wabasso, Fla 32970

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8. Name and Address of Current Registered Agent
Donald Wright
8433 63rd Ct.
Wabasso, Fla. 32970

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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: Donald Wright
REGISTERED AGENT MUST SIGN
Date: 6-8-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐
(See other side for information on intangible tax.)

12. 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: Donald Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-8-98
Daytime Phone #: 561-589-3353