

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 12 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Varner Trucking, Inc.

2943 SE Creekwood Terrace
Arcadia, FL., 34266

2. Principal Office Address

2943 SE Creekwood Terrace

3. Mailing Office Address

Arcadia, FL., 34266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Arcadia, FL.

City & State

Zip

34266

Country

Zip

34266

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/10/1985

5. FEI Number
592530606

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

Edward O. Varner

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

2943 SE Creekwood Terrace

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

Edward O. Varner

REGISTERED AGENT MUST SIGN

Date 08/06/2004

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
P	Edward O. Varner	2943 SE Creekwood Terrace	Arcadia, FL., 34266
V	David O. Varner	7129 Royal Springs Blvd.	Knoxville, Tn., 37918
S	Iris I. Varner	2943 SE Creekwood Terrace	Arcadia, FL., 34266

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:

Edward O. Varner

EDWARD O. VARNER 08/06/2004

(863) 494-1179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)