

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 17 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** H70598

**1. Corporation Name**

GREER TRUCKING COMPANY, Inc.

**2. Principal Office Address**

717 CAMANN ST.

Suite, Apt. #, etc.

City & State

GREENSBORO, NC

Zip

27407

Country

**3. Mailing Office Address**

100 Morgan Keegan Drive

Suite, Apt. #, etc.

Suite 200

City & State

Little Rock, AR

Zip

72202

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

October 5, 1999

**5. FEI Number**

59-2596877

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-04**

**7. Name and Address of Current Registered Agent**

Name

Michael R. Cole

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

33 Lane Ave. South

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

**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

*[Signature]*

Date

2/12/04

REGISTERED AGENT MUST SIGN

**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
D/VP	Richard Lobo	10 S. Wacker Drive, Suite 3175	Chicago IL 60606
C	Andrew W. Code	10 S. Wacker Drive, Suite 3175	Chicago, IL 60606
VP	Mark Dolfato	100 Morgan Keegan Dr., Suite 200	Little Rock, AR 72202
S	David R. Bachman	100 Morgan Keegan Dr., Suite 200	Little Rock, AR 72202
T	Michael R. Cole	33 Lane Ave. South	Jacksonville, FL 32254

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Bachman

Date

2/12/04

Daytime Phone #

504-280-0566

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 434881 4304312  
AUTHORIZATION : *Patricia Pigute*  
COST LIMIT : \$ 1217.50

ORDER DATE : February 11, 2004  
ORDER TIME : 12:53 PM  
ORDER NO. : 434881-045  
CUSTOMER NO: 4304312  
CUSTOMER: Betty Thornson  
Jenner & Block, LLP  
Suite 4000  
One IBM Plaza  
Chicago, IL 60611-5614

DOMESTIC FILINGS

NAME: GREER TRUCKING COMPANY, INC.

RECEIVED  
04 FEB 17 PM 2:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_