

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine A. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 23 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H97619

1. Corporation Name

UNION TRUCKING, INC.

2. Principal Office Address
P.O. Box 344

Suite, Apt. #, etc.

City & State
Lake Butler, FL

Zip Country
32054 USA

3. Mailing Office Address
P.O. Box 344

Suite, Apt. #, etc.

City & State
Lake Butler, FL

Zip Country
32054 USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/5/86

5. FEI Number 59-2629267
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

Frank M. Gafford

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

228 East Duval St.

Suite, Apt. #, Etc.

City
Lake City,

State Zip Code
FL 32054

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

Frank M. Gafford

REGISTERED AGENT MUST SIGN

Date 3/16/00

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	Warren Lee	1627 Myrtle Ave.	Jacksonville, FL
TS	Robin P. Wilson	185 NW 4th Ave.	Lake Butler, FL
			LS

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:

Robin P. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

904-496-1690

Daytime Phone #

CR2E081 (9/99)

pg. 2012
Attachment

March 16, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Union Trucking, Inc.

Dear Sir or Madam:

Enclosed please find our corporate reinstatement form and a check in the amount \$300.00.

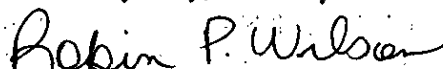
Please consider this my request to have the \$600.00 reinstatement fee waived for the following reasons:

1. In 1997 our annual report was filed and we changed our address to 228 East Duval Street, Lake City, Florida 32055.
2. In 1998 the annual report was sent to the old address; 34 North Marion Street, Lake City, Florida, but it was forwarded to the 228 East Duval Street address.
3. It seems that in 1999 the annual report was again sent to the 34 North Marion Street, but the forwarding time for the 34 North Marion Street address had expired and, therefore, we never received an annual report package and, it was not filed.
4. To date, the Division of Corporation still lists Union Trucking, Inc. at 34 North Marion Street.
5. At this time, I am requesting that the mailing address for Union Trucking, Inc. be changed to P.O. Box 344, Lake Butler, Florida 32054.

I feel that this corporation has made reasonable effort to establish our mailing address with the Division of Corporations and I respectfully request that our reinstatement fee be waived.

Thank you for your attention to this matter.

Yours very truly,



Robin P. Wilson

SECRETARY/TREASURER

Union Trucking, Inc.

Enc.