

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43764**

1. Corporation Name

JERRY TRUCKING, INC.

Principal Place of Business

Mailing Address

2011 DAHLIA RD
JACKSONVILLE FL 32254
US

2011 DAHLIA RD
JACKSONVILLE FL 32254
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business In Florida

11/10/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2796854

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WILFONG, GERALD	RT1, BOX 258	SANDERSON FL 32087
SD	WILFONG, MARILYN	RT1, BOX 258	SANDERSON FL 32087

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-11/04/99--01082--021
***1517.50 ***1517.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILFONG, GERALD
RT 1, BOX 258
SANDERSON FL 32087

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Gerald Wilfong
REGISTERED AGENT MUST SIGN

Date

10-14-99

11. 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:

Gerald Wilfong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-99

Daytime Phone #

904-783-6055

KE