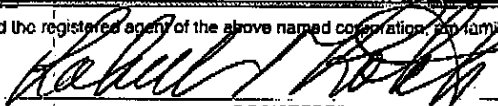
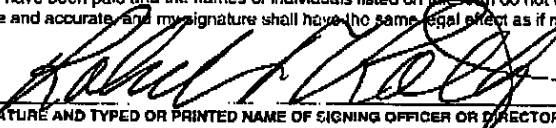


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J73975			
1. Corporation Name Old South Trucking Co., Inc.			
2. Principal Office Address 255 S. Orange Avenue Suite, Apt. #, etc. Suite 886 City & State Orlando, Florida Zip 32801		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 5/18/87	
		5. FEI Number 59-2875705	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee Required for Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert T. Roth			
Street Address (P.O. Box Number is Not Acceptable) 6008 Bay Valley Court			
Suite, Apt. #, Etc.			
City Orlando		State FL	Zip Code 32819
8. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date	
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
PVD	Robert T. Roth	6008 Bay Valley Court	Orlando, Florida 32819
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: 		407-491-4909	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 97-01

CR2E081 (04/99)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H01000088134 1)))

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To:

Division of Corporations

Fax Number : (850) 205-0384

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.

Account Number : I20000000141

Phone : (407) 841-1550

Fax Number : (407) 841-8746

CORPORATION REINSTATEMENT**OLD SOUTH TRUCKING CO., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00