

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # J96971

1. Corporation Name

P & D HEAVY HAULING & BROKERS, INC.

Principal Place of Business

Mailing Address

% DONNA M. WEINHEIMER
5550 EMPIRE CHURCH ROAD
GROVELAND 34736

% DONNA M. WEINHEIMER
P.O. BOX 297
GROVELAND FL 34736



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

REINSTATEMENT

DB
MRS

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2868831

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WEINHEIMER, PETE	P.O. BOX 297	GROVELAND FL 34736
STD	WEINHEIMER, DONNA M.	P.O. BOX 297	GROVELAND FL 34736

400023962534

10/21/03--01029--014 **600.00

400023962534

11/14/03--01031--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINHEIMER, DONNA M.
5550 EMPIRE CHURCH ROAD
GROVELAND FL 34736

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

SIGNATURE
Donna Weinheimer 10/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)