

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 29 PM 2: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 99-02

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-09/05/02--01029--016

\*\*\*1208.75 \*\*\*1208.75

DOCUMENT # K 144 66

1. Corporation Name

PINDERS TRUCKING CO.

2. Principal Office Address

1665 OLD DIXIE HWY

Suite, Apt. #, etc.

CORPORATE OFFICE

City & State

JUPITER FLORIDA

Zip

33469

Country

USA

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0102509

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

DOROTHY LEE PINDER

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

2564 LA CRISTAL CIRCLE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

*Dorothy Lee Pinder*  
REGISTERED AGENT MUST SIGN

Date

8/27/03

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
VP	CLINTON L. PINDER	2564 LA CRISTAL CIRCLE	P.B. GARDENS FL. 33410

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:

DOROTHY LEE PINDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/03

Daytime Phone #

561-  
622-0124

CR2E081 (9/01)