

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # K77093

98 JUL 17 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CENTERLINE Transport Inc

Principal Place of Business

Mailing Address

US 19 South, Ind. Park
PO Box 857, Monticello, FL

900002595279--8
-07/22/98--01051--014
****\$900.00 ****\$900.00

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

April 5, 1981

5. FEI Number

59-2930181

Applied For
Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Peggy Hutto	US 19 NO MONTICELLO	MONTICELLO, FL 32344
Sec	Gordon Hutto	US 19 NO "	" " "
VP	Keith Hutto	US 19 NO "	" " "

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Gordon Hutto

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

US 19 NO

Suite, Apt. #, Etc.

City

MONTICELLO

State

FL

Zip Code

32344

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

Gordon Hutto

REGISTERED AGENT MUST SIGN

Date

7/10/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Hutto Pres

Date

7/10/98 1-850-997-2255

Daytime Phone #

T. BUCKINGHAM BIRD
ATTORNEY AT LAW
P. O. BOX 247
MONTICELLO, FLORIDA 32344

904-997-3503

July 16, 1998

Secretary Of State - Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

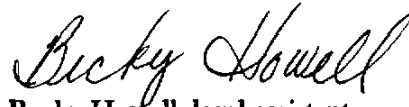
Re: Reinstatement of Centerline Transport, Inc.

Dear Sir or Madam:

Please find enclosed the application for reinstatement for Centerline Transport, Inc., along with their company check in the amount of \$900.00 to cover the reinstatement fee.

Thank you in advance for your prompt attention to this matter and should you have any questions concerning the above, please do not hesitate to contact myself or Mr. Bird.

Sincerely;



Becky Howell, legal assistant

/blh
enclosures as stated