

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

97 NOV -4 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K90259**

1. Corporation Name

**J.S. TRUCKING, INC.**

Principal Place of Business

6232 W. BROAD ST.  
BROOKSVILLE FL 34601  
US

Mailing Address

P.O. BOX 791 NA  
BROOKSVILLE FL 34605-0791  
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

05/23/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2948612

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)

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
SD P	SEGOVIA, DANIEL	11184 FULMAR ROAD	BROOKSVILLE FL

**REINSTATEMENT**

*97*  
*A. Alan*  
*11/4/97*

8. Name and Address of Current Registered Agent

DANIEL SEGOVIA  
11184 FULMAR ROAD  
BROOKSVILLE FL 34614

9. Name and Address of New Registered Agent

Name **3000002340923-5**  
-11/06/97-01119-011  
Street Address (P.O. Box Number is Not Acceptable) **\*\*\*750.00 \*\*\*750.00**  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Daniel Segovia*

REGISTERED AGENT MUST SIGN

Date **3 NOV 97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Daniel Segovia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3 NOV 97**

**352-7992322**

CR2E040 (8/97)