


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **L00063**

1. Corporation Name

EMMITT SMITH TRUCKING, INC.

Principal Place of Business

**EMMITT SMITH
2160 N. SHERMAN AVENUE
PANAMA CITY FL 32405-6270**

Mailing Address

**EMMITT SMITH
2160 N. SHERMAN AVENUE
PANAMA CITY FL 32405-6270**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1989

5. FEI Number

59-2581363

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SMITH, EMMITT	2160 N. SHERMAN AVENUE	PANAMA CITY FL
D	SMITH, CLARA	2160 N. SHERMAN AVENUE	PANAMA CITY FL

**300002332619-3
-10/25/97-01077-016
****758.75 ****758.75**

8. Name and Address of Current Registered Agent

**SMITH, EMMITT
2158 N SHERMAN AVE
PANAMA CITY FL 32405**

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Emmitt Smith

REGISTERED AGENT MUST SIGN

Date

10-24-97

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:

Emmitt Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-97

Daytime Phone #

850-785-5593

FILED

97 OCT 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/28

CH25040 (8/97)