

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATION

FILED
02 DEC 30 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005242
Name and Mailing Address

0010557 01 FP 0.352 **PRSRT H9 0 0615 34743-612213
W.D.S. TRUCKING, LLC
213 HIDDEN SPRINGS CIRCLE
KISSIMMEE FL 34743-6122

800009734718
12/30/02--01029--002 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 213 HIDDEN SPRINGS CIRCLE KISSIMMEE FL 34743		5. Date Organized or Qualified To Do Business in Florida 03/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3707420 Applied For Not Applicable	
8. Name and Address of Current Registered Agent COONS, DAWN 213 HIDDEN SPRINGS CIRCLE KISSIMMEE FL 34743		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Dawn M. Coons REGISTERED AGENT MUST SIGN Date 12/26/02

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Wesley Coons, Managing Member	213 Hidden Springs Circle	Kissimmee, FL 34743

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Wesley Coons Date 12-26-02 Daytime Phone # 407-962-0464

Typed or printed name of signing Managing Member/Manager

CRE084 (8/02)