

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -7 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002429

Name and Mailing Address

0017671 01 FP 0.352 \*\*PRSRT T4 0 0615 33868

MINUTEMAN TRANSPORT, LLC  
7350 COUNTY ROAD 557  
POLK CITY FL 33868



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7350 COUNTY ROAD 557 POLK CITY FL 33868		5. Date Organized or Qualified To Do Business in Florida 01/28/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 01-0584765	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  ROBERTS, DON E 3212 SOUTH GATE CIRCLE SARASOTA FL 34239		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 <u>Donald Roberts</u> Date <u>1/5/04</u> REGISTERED AGENT MUST SIGN			
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
Dir.	GEORGE DAVIS	7350 CR 557 Polk City FL	Polk City, FL-33868

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01/07/04--01035--007 \*\*205.00  
REINSTATEMENT 03-04

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

Date

Daytime Phone # 863 956 0405

Typed or printed name of signing Managing Member/Manager

GEORGE D. DAVIS