

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72605

1. Corporation Name

STUART TRUCKING, INC.

2. Principal Office Address

%David Stuart

Suite, Apt. #, etc.

15964 SE US HWY 441

City & State

Summerfield, FL

Zip

34491

Country

3. Mailing Office Address

%David Stuart

Suite, Apt. #, etc.

15964 SE US HWY 441

City & State

Summerfield, FL

Zip

34491

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-14-1990

5. FEI Number

59-3008865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stuart, David

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

15964 SE US Hwy 441

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

34491

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David Stuart

REGISTERED AGENT MUST SIGN

Date

Aug. 26, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>D P</i>	Stuart, David	15964 SE Hwy 441	Summerfield, FL 34491

10. 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:

David Stuart David Stuart Director

Date

8/26/04 352-245-7627

Daytime Phone #

CR2E081 (10/02)