

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000000981

1. Corporation Name

SHADY GRADY TRUCKING, INC.

Principal Place of Business

Mailing Address

2109 N 41 STREET
FORT PIERCE FL 34946

2109 N 41 STREET
FORT PIERCE FL 34946

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

01/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|----------------------|
| PD | GRAY, GRADY | 2109 N 41 STREET | FORT PIERCE FL 34946 |
| STD | DUNN, LATRINA | 2109 N 41 STREET | FORT PIERCE FL 34946 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, GRADY
2109 N 41 STREET
FORT PIERCE FL 34946

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 28, 2001

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(361) 201-1750

Date Oct 28, 2001

Daytime Phone #

**Shady Grady
Trucking, Inc.**

2109 N 41st St
Fort Pierce, FL 34946

2002

Monday, October 29, 2001

To whom it may concern:

This letter is in regards to the re-instatement application.

I never received the letter notifying me of the original fee of \$150.00; therefore, the amount was never forwarded to your office.

I have enclosed a check for the original amount of \$150.00, as I was instructed by your representative when I called to inquire about the 'second' letter.

Sincerely,

Grady Gray

